

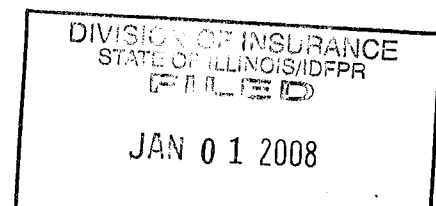
*The link between
coverage and caring*

PPIC UNDERWRITING GUIDELINES

THESE ARE GUIDELINES ONLY. PPIC's general underwriting principles and criteria are described in the following pages. However, in no sense is this intended to be a totally comprehensive list of every consideration that may be used in arriving at any particular underwriting decision.

INDEX

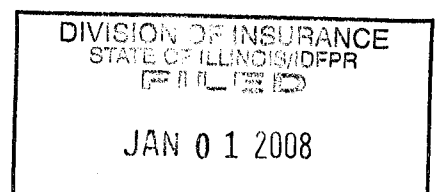
<u>GUIDELINE</u>	<u>NUMBER</u>
Company Mission	01
Underwriting Philosophy	02
Responsibilities	03
Sources of Information	04
Risk Management	05
Insured Qualifications	06
New Business and Renewal Submissions	08
Premium Payments	09
Extended Reporting Period Coverage-Non-slot Rated	10
Extended Reporting Period Coverage-Slot Rated	11
Extended Reporting Period Coverage-Partnership, Limited Liability Company, Corporation	12
Policy Period	13
Calculation of Premium – Minimum Premium	14
Cancellation – Non-renewal	15
Limits of Liability	16
Partnership, Limited Liability Company, Association, or Corporation	17
Premium Adjustment for Risk Change	18
Limits of Liability Reduction	19
Physicians Age 70 or Older	20
Physicians Leaving Sponsoring Hospital	21
Retroactive Date	22
Classification Procedure/Other State	23
Newly Practicing and Part Time Physicians	24
Restriction and/or Suspension of Coverage	25
Individual Risk Modification	26
Vicarious Liability	27
Health Maintenance Organizations	28
Contractual Liability	29
Locum Tenens Coverage	30
Department Heads	31
Oral Surgeons	32
Emergency Room Physicians	33
Rates	34
Deductibles	35
Clinics	36
Accelerated Reporting	38
Retired Volunteer Physicians	39



GUIDELINE**NUMBER**

Payroll Employees	40
Slot-rated Group Program	44
Non-Slot-rated Group Program	45
Classification Table	46
Procedure Listing	52
Territorial Definitions	55
Increased Limit Factors	56

These guidelines may be affected by individual state requirements. Refer to the specific state filing manual or state mandated endorsement for details.



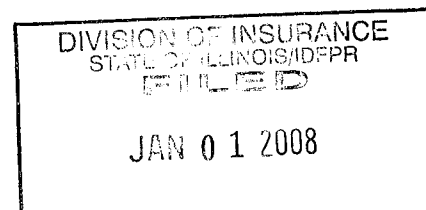
SUBJECT: COMPANY MISSION	
LINE OF COVERAGE: ALL LINES – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-01	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

COMPANY MISSION

The vision for the combined organization is to support the Catholic Health Ministry of its owners and other Catholic Healthcare providers by providing a wide array of insurance products and related services at a fair market price to its owners and to insureds who maintain a relationship with Catholic Healthcare Providers. The organization will make available a complete portfolio of insurance products and services, including a full range of primary and excess liability coverages for physicians, hospitals and other healthcare providers, Workers' Compensation and related coverages, fronting programs, and Third Party Administration services such as Claims and Risk Management.

SUBJECT: UNDERWRITING PHILOSOPHY	
LINE OF COVERAGE: ALL LINES – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-02	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. The basis of PPIC underwriting functions is economic. All underwriting decisions are in response to PPIC's determination of the potential for profit or loss.
- B. All risks that meet eligibility requirements will be considered for acceptance on a fair, equitable, and consistent basis. PPIC is not obligated to provide coverage to any health care provider.
- C. PPIC will perform all underwriting functions using professional standards designed to avoid criticism of the company, its employees, or owners.
- D. All information obtained by PPIC will be held in confidence and used for underwriting purposes only. Any request for information from our underwriting files will be honored only with the written permission of the insured health care provider.



SUBJECT: RESPONSIBILITIES	
LINE OF COVERAGE: ALL LINES – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-03	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. PPIC Board of Directors. The ultimate responsibility to PPIC policyholders for the manner and quality of underwriting as performed on behalf of PPIC rests with the PPIC Board of Directors.
- B. PPIC Underwriting Committee. The Board of Directors has delegated to its Underwriting Committee the responsibility for the development of the Company's underwriting philosophy, guidelines, and procedures, subject to Board approval. The Committee will also act as an appeal board for those health care providers wishing to appeal adverse decisions.
- C. Management of PPIC. The President and Underwriting staff of PPIC have the responsibility to refine procedures and implement the underwriting guidelines as developed by the Underwriting Committee and approved by the Board of Directors.

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SUBJECT: SOURCES OF INFORMATION	
LINE OF COVERAGE: ALL LINES – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-04	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

A) Any or all of the following potential sources of information may be used in determining the acceptability of a physician:

1. Application
2. Applicant or Insured
3. PPIC Claims Department
4. PPIC Risk Management Department
5. Prior Insurers
6. State Department of Licensing and Regulation
7. Other Physicians
8. Hospitals, Hospital Administrators
9. Peer Review and Credentialing Data
10. Any Appropriate Medical Societies
11. Newspapers, Magazines, Radio, Television

B) The National Practitioner Data Bank may not be accessed.

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SUBJECT: RISK MANAGEMENT	
LINE OF COVERAGE: ALL LINES – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-05	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- 1) Refer to Risk Management for program details.
- 2) The Risk Management program is an option available to full time health care providers to earn a discount on their premium. A premium discount is available to health care providers who participate.
- 3) The premium discount is separate from the individual risk modification shown on guideline UW-25.
- 4) The premium discount given is based on a calendar year from January 1st to December 31st. The discount is applied to the renewal policy of the insured. If the insured does not renew with PPIC, no discount is allowed.
- 5) As renewal policies are processed before the risk management discount is known, the discount will be applied to the 2nd quarterly billing, due April 1st. At the April 1st billing, 50% of the discount will be credited, with 25% of the discount applied at the July 1st and the October 1st installment.
- 6) For those insureds who pay annually, a refund will be sent by April 1st.
- 7) The premium discount is applied to the extended reporting period premium in the event of cancellation.
- 8) Risk management discounts do not affect state funds, except for Nebraska. See Underwriting for details on Nebraska.

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SPRINGFIELD ILLINOIS

SUBJECT: INSURED QUALIFICATIONS	
LINE OF COVERAGE: ALL LINES – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-06	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. Must hold unrestricted license to practice in the applicable jurisdiction.
- B. Must have an appropriate percentage of his/her practice with the sponsoring hospital. Must do enough “work” at a member institution to take advantage of and participate in Risk Management/Quality Assurance program.
- C. Must be Board Certified*, or in the certification process in his/her field or practice or demonstrate equivalents competency if performing surgical specialties, anesthesiology, emergency medicine, or other recognized specialties.
- D. Must not perform procedures for which he/she has not been adequately trained, or practice beyond current abilities.
- E. Must cooperate with PPIC and have cooperated with previous professional liability carriers in the handling of claims.
- F. Should not have a history of mental illness, or physician disability (such as alcohol or drug abuse), without proof the problem no longer exists.
- G. Should not have been cancelled or non-renewed by his/her current carrier. (Not applicable if carrier withdrew from market).
- H. Should have current insurance coverage.
- I. Must not have been the subject of any reprimand, suspension, or any other disciplinary actions by any hospital, medical society, or specialty society that would cause PPIC to question the applicant’s medical competence or medical judgment.
- J. Should have membership in appropriate medical societies.
- K. Should not create an unnecessary exposure to PPIC because of unusual or experimental procedures.
- L. Must obtain appropriate informed consent for care or procedures performed.
- M. Must keep and maintain adequate and legible medical records for all patients.
- N. Must not employ abusive or otherwise inappropriate bill collecting procedures.
- O. Must not have an unusually large number of dissatisfied patients, as evidenced by a frequency or lawsuits regardless of the merit of the lawsuit.
- P. Must adhere to the Ethical and Religious Directives for Catholic Health Facilities at member facilities.

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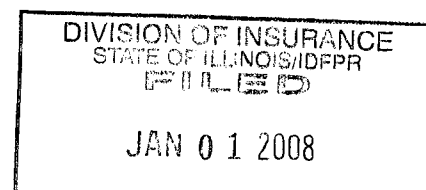
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SUBJECT: INSURED QUALIFICATIONS	
LINE OF COVERAGE: ALL LINES – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-06	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- Q. Should not perform or participate in:
1. Office cosmetic surgery
 2. Weight control by use of drugs
 3. Weight control by use of surgical operations
 4. Convulsive shock therapy
 5. Injection of silicones
 6. Sex change surgery

Refer all requests for exception to Vice President of Underwriting.

* See Guideline #UW-33 regarding emergency medicine health care providers.

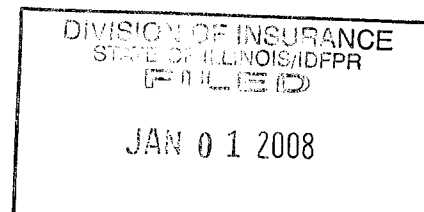


SUBJECT: NEW BUSINESS AND RENEWAL SUBMISSIONS	
LINE OF COVERAGE: ALL LINES – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-07	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. No coverage may be bound or issued until approved by the Underwriting Department of PPIC at its home office in Omaha, Nebraska.
- B. A fully completed application, signed by the applicant, must be submitted before any underwriting decision will be made.
- C. If approved by PPIC, coverage will be bound on the date following postmark or the effective date shown on the application, whichever is later, if a deposit premium of \$500 or policy premium, whichever is less accompanies the application.
- D. Prior acts coverage may be provided in accordance with the policy terms. See guideline UW-21
- E. If no deposit premium is paid, coverage may not be bound until the premium (deposit or quarterly) is received by PPIC. This provision may be waived if applicant is joining an existing PPIC insured group.
- F. Renewal questionnaires will be sent to the insured 60 days before policy expiration. It **must** be completed, signed and returned before a renewal policy will be issued.

SUBJECT: PREMIUM PAYMENTS	
LINE OF COVERAGE: HEALTH CARE PROVIDERS – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-08	
EFFECTIVE DATE: 11/01/2007	REVISION DATE: 11/01/2007

- A. Premium may be paid annually or quarterly, with no interest or installment charge. Quarterly premiums require an initial deposit of 25% of the total premium at inception. The remaining premium will be spread equally among the 2nd, 3rd and 4th installments. Installment billing dates are January 1, April 1, July 1, and October 1. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.
- B. If the full annual premium is paid in advance, a 2% premium reduction will be applied. (Applicable in states where filed and approved only)



SUBJECT: EXTENDED REPORTING PERIOD COVERAGE (ERP) – NON-SLOT-RATED	
LINE OF COVERAGE: HEALTH CARE PROVIDER – CLAIMS MADE	
GUIDELINE NUMBER: UW-09	
EFFECTIVE DATE: 11/01/2007	REVISION DATE: 11/01/2007

- A. A supplemental aggregate limit of liability is available for an extra premium charge. The supplemental aggregate limit of liability provided is equal to the limit of liability provided by the policy that the extended reporting endorsement is attached to.
- B. An extended reporting period of unlimited duration will be offered when a policy is cancelled or nonrenewed for any reason, including nonpayment of premium, and whether the policy is cancelled by the company or at the insured's request. A written request and payment for the extended reporting period coverage must be received in our office within 60 days of the termination of the policy.
- C. Once in effect, an extended reporting period cannot be cancelled. The premium is fully earned upon receipt.
- D. Extended reporting period coverage may be provided at no charge for the following reasons:
 - 1. The death of the health care provider;
 - 2. The health care provider becomes continuously and permanently disabled and is unable to carry out his/her profession or practice as a physician, surgeon, dentist or other Health Care Provider.
 - 3. The health care provider retires permanently from the profession or practice as a physician, surgeons, dentist, or other health care provider after accumulating five or more years of claims-made coverage from PPIC.
 - 4. The health care provider retires permanently as a result of suffering a terminal disease with no known cure.
- E. Unless otherwise specified, miscellaneous professional employee's share in the limits purchased for the corporation, if any. No additional charge is made for miscellaneous professional employees.
- F. Any credit or debit applied to the policy premium will also apply to the extended reporting period premium.
- G. For an extended reporting period, ERP factors are based on expiring annual premium.

ERP factors are:

1 st year claims made:	2.28
2 nd year claims made:	2.00
3 rd year claims made:	1.82
4 th year claims made:	1.77
5 th year claims made:	1.63

ERP premiums are prorated.

The anticipated ERP premium will be shared with the insured at the time the coverage is purchased.

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SUBJECT: EXTENDED REPORTING PERIOD COVERAGE – SLOT-RATED	
LINE OF COVERAGE: HEALTH CARE PROVIDER – CLAIMS MADE	
GUIDELINE NUMBER: UW-10	
EFFECTIVE DATE: 07/01/99	REVISION DATE: 07/01/99

- A. A supplemental aggregate limit of liability is available for an extra premium charge. The supplemental aggregate limit of liability provided is equal to the limit of liability provided by the policy that the extended reporting endorsement is attached to.
- B. A written request and payment for the extended reporting period coverage must be received in our office within 60 days of the termination of the policy.
- C. Once in effect, an extended reporting period cannot be canceled. The premium is fully earned upon receipt.
- D. The extended reporting period coverage may also be purchased by an individual health care provider while the policy is still in effect if the individual health care provider has properly withdrawn his/her coverage from the policy or the individual health care provider is filling a "slot" and the "slot" is closed during the policy period.
- E. Extended reporting period coverage may be provided at no charge for the following reasons:
 - 1. The death of the health care provider;
 - 2. The health care provider becomes continuously and permanently disabled for 6 months and is unable to carry out his/her profession or practice as a physician, surgeon, dentist or other Health Care Provider.
 - 3. The health care provider retires permanently from the profession or practice as a physician, surgeons, dentist, or other health care provider after accumulating five or more years of claims-made coverage from PPIC and attaining the age of 55.
 - 4. The health care provider retires permanently as a result of suffering a terminal disease with no known cure.

This "no charge" extended reporting period does not reinstate or increase the limits of insurance available. (If the insured desires a "new" supplemental aggregate limit of liability, this may be purchased. See item A above.)
- F. Any credit or debit applied to the policy premium will also apply to the extended reporting period premium.

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SUBJECT: EXTENDED REPORTING PERIOD COVERAGE – PARTNERSHIP, LIMITED LIABILITY COMPANY, CORPORATION	
LINE OF COVERAGE: ALL LINES – CLAIMS MADE	
GUIDELINE NUMBER: UW-11	
EFFECTIVE DATE: 07/01/99	REVISION DATE: 07/01/99

- A. Should an individual named insured terminate association with a partnership or corporation, extended reporting period coverage can be provided to the partnership or corporation if the following criteria is met:
- 1) The partnership or corporation is insured with PPIC.
 - 2) The individual named insured has purchased extended reporting period coverage on their individual policy or has purchased prior acts coverage with the new carrier (proof of coverage is required). Each individual named insured who terminated their association with the partnership or corporation has purchased extended reporting period coverage.
 - 3) Each individual named insured who terminated their association with the partnership or corporation has purchased extended reporting period coverage.
- B. If all members of an entity purchase tail coverage, the entity shall then be entitled to purchase tail coverage.

SUBJECT: POLICY PERIOD	
LINE OF COVERAGE: HEALTH CARE PROVIDERS – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-12	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. All health care provider policies are issued for a period of one year or less and have a common renewal date of January 1st.
- B. All new policies will be pro-rated to expire on January 1st.
- C. All rate increases will take effect on January 1st for renewal policies.
- D. All “step increases” will take effect on the original anniversary date of the policy, with the premium spread equally over the year. (Pro rate “step” (x) plus “step” (x+1)).

EXAMPLE:

Effective date of coverage = 5/1/1989
Effective date of policy = 5/1/1989
Expiration date of policy = 1/1/1990

Annual premium = \$12,000 (step x)
Renewal premium = \$18,000 (step (x+1))

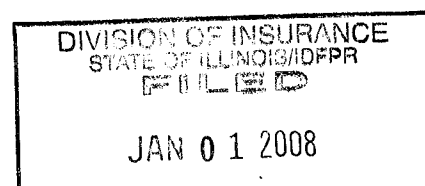
5/1/1989 to 1/1/1990

Policy premium = \$12,000 x .671 (prorate) = \$8,052

1/1/1990 to 1/1/1991

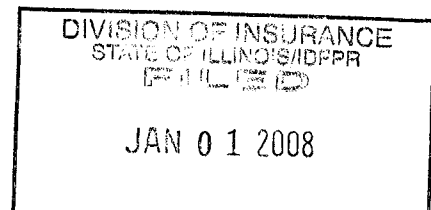
$\$12,000 \times (.329) = \$3,948 + \$18,000 \times (.671) = \$12,078$

Policy premium = \$ 3,948 (step x)
+ \$12,078 (step (x+1))
\$16,026



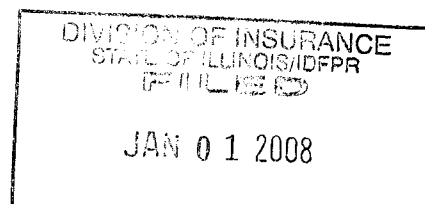
SUBJECT: CALCULATION OF PREMIUM & MINIMUM PREMIUM	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-13	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. The initial premium shall be determined on the basis of the health care provider's specialty being practiced at policy inception. All premiums are subject to audit, and premium may be adjusted based on the audit.
- B. The premium on policies written for a period of less than one year shall be computed on a prorata basis.
- C. Subject to the calculation of premium procedures described above, no health care provider professional liability policy will be issued for a premium charge of less than \$100.
- D. Additional or return premium of \$25.00 or less will be waived. Return premium will be allowed when requested by the insured.
- E. Policy changes requiring additional premium will be computed on a prorata basis. The rules and rates in effect at the time of the change will be used to calculate any additional premium.
- F. Policy changes (excluding cancellation) requiring return premium will be computed on a prorata basis. The original rates used to calculate the policy premium will be used to compute the return premium.
- G. If an extended reporting period endorsement is issued, it is subject to a separate \$100 minimum premium.



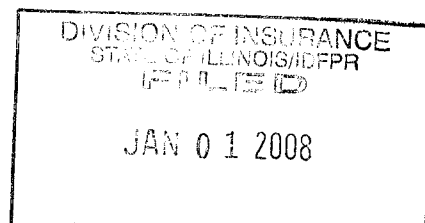
SUBJECT: CANCELLATION – NONRENEWAL	
LINE OF COVERAGE: ALL LINES – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-14	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. The earned premium will be determined on a short rate basis (.90 of the prorata unearned premium) for the period the policy was in force if the insured cancels.
- B. The earned premium will be determined on a prorata for the period the policy was in force if the company cancels.
- C. If the insured cancels on the same date as a quarterly premium installment due date and the insured is current in all payments due PPIC, the earned premium will be the same as the premium due up to that quarterly installment date.
- D. The earned premium calculated will be subject to the Minimum Premium rule.
- E. Extended reporting endorsements may not be canceled, and the premium is fully earned when received.
- F. If the company cancels, notice will be sent in accordance with state requirements.



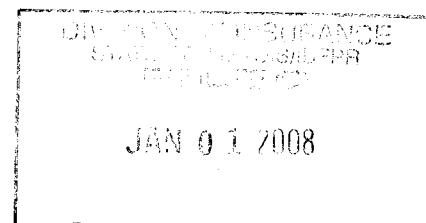
SUBJECT: LIMITS OF LIABILITY	
LINE OF COVERAGE: ALL LINES – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-15	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. Manual rates provide the basis limit of liability indicated on the rate page. The limits apply separately to each covered person. When an organization is also covered, the limits may apply separately to that organization (for additional premium) or that organization may share the limits with the insured (at no increase in premium). This may not be applicable in "State Fund" states. See Underwriting Department for details.
- B. All health care providers in the same organization must be written with equal limits of liability. The Vice President of Underwriting must approve any exception.
- C. The only limits of liability available to a health care provider are those filed and approved in the state applicable to the exposure of the health care provider.
- D. PPIC is unable to offer prior acts coverage or extended reporting period coverage at higher limits than those going forward. If the limits going forward are lower and acceptable to the insured for the prior acts coverage, a signed statement is required from the insured indicating their agreement to the limits of liability.
- E. State fund states must carry a minimum level of limits of liability. For higher limits, refer to underwriting.
- F. State fund states may have exceptions applicable to the Partnership, Limited Liability Company, Association or corporation professional liability coverage. Refer to Underwriting Department for details.



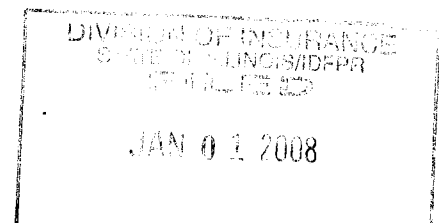
SUBJECT: PARTNERSHIP, LIMITED LIABILITY COMPANY, ASSOCIATION, OR CORPORATION	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-16	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. All health care providers who are partners, shareholders, officers, directors, or employees must be individually insured with PPIC. If the corporate entity is a group practice, all health care providers must transfer to PPIC at the renewal of their policy. Limits of liability for the partnership, Limited Liability Company, association or corporation must be equal to those carried by the health care providers.
- B. An additional charge of 10% of the “per person” rate for each individual member (including employed) shall apply for all the classifications. The limit of liability provided is separate from the health care providers.
- C. A medical corporation, limited liability company or association consisting of a single physician may be included as an additional insured under the sole shareholder physician’s individual policy. The limits of liability are shared between the health care provider and the corporation, limited liability company or association. There is no additional premium for the shared limit. This may not be allowed in state fund states, refer to Underwriting Department.



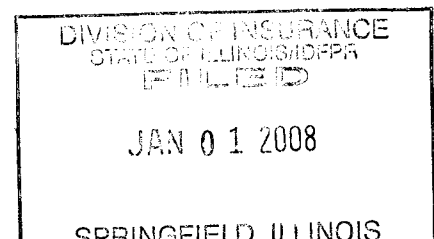
SUBJECT: PREMIUM ADJUSTMENT FOR RISK CHANGE	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-17	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. Health Care Providers changing their practice to a lower rated classification or rating territory continue to have an exposure to loss from their previous practice. To recognize this exposure change, the following procedure will be used and a one time premium adjustment will apply:
1. Determine current reporting endorsement premium from previous classification/rating territory \$ _____
 2. Subtract current reporting endorsement premium from new classification/rating territory \$ _____
 3. Difference will be premium adjustment \$ _____
- B. The premium adjustment will be in addition to the premium for the new classification/rating territory. The insured original retroactive date will be maintained. Upon termination of the current policy or its renewal, the reporting endorsement premium applicable to the new classification/territory will apply.
- C. Charge does not apply for a change in class if:
1. Both the previous class and current class are the same class, or
 2. The specialty change occurred more than 5 years ago while insured under a claims made coverage (except for physicians having an obstetrical exposure, then a charge will apply).
 3. The specialty change occurred while the doctor was insured under an occurrence policy.
- D. Additional exposure for which coverage is provided on or after the effective date of a policy shall be written on the basis of the rates and rules in effect at the time the coverage is provided.
- E. If the previous carrier has made a charge for the higher rated exposure, PPIC will still make a charge unless a certificate of insurance is obtained (and approved by PPIC) that the previous carrier is providing extended reporting period coverage on the higher rated exposure.



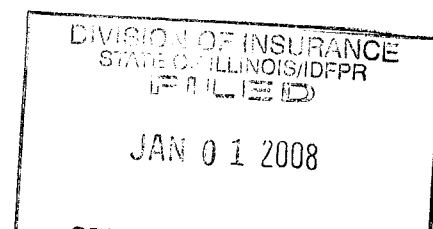
SUBJECT: LIMITS OF LIABILITY REDUCTION	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-18	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. When limits of liability are reduced on a policy of PPIC, extended reporting period coverage will be offered. If purchased, the previous limits will apply to incidents that occurred before the effective date of the change endorsement, subject to all other terms of the policy.
- B. Limits of liability may not be increased for an extended reporting period endorsement. The limits shown on the last full term policy will be the only limits offered on the extended reporting period endorsement.



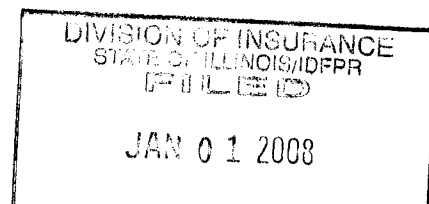
SUBJECT: PHYSICIANS AGE 70 OR OLDER	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-19	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. Insured physicians wishing to continue practicing medicine following their 70th birthday will be required to have a complete physical examination done by an unrelated physician.
- B. A family member or a physician in the same clinic as the insured physician may not do the examination.
- C. The examination must indicate the insured physician is in good physical and mental health. Any negative result will be referred to the Underwriting Committee Chairperson for review and determination if coverage may be continued.
- D. The cost of the examination will be the responsibility of the insured physician.



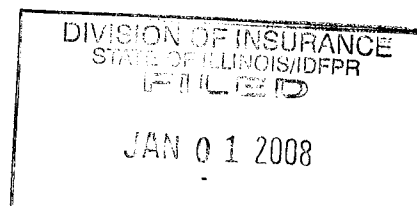
SUBJECT: PHYSICIANS LEAVING SPONSORING HOSPITAL	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-20	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. If for any reason, other than death, disability, or retirement, a physician does not maintain an appropriate presence, or is no longer on staff of a sponsoring institution, the physician will lose eligibility to obtain coverage from PPIC.
- B. The physician will be notified as soon as possible of nonrenewal or cancellation. PPIC will cooperate with the physician to allow a reasonable time for the physician to find replacement coverage.
- C. Extended reporting period coverage will be offered in accordance with the policy provision.
- D. State insurance laws will govern the use of this guideline.



SUBJECT: RETROACTIVE DATE	
LINE OF COVERAGE: HEALTH CARE PROVIDER – CLAIMS MADE	
GUIDELINE NUMBER: UW-21	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

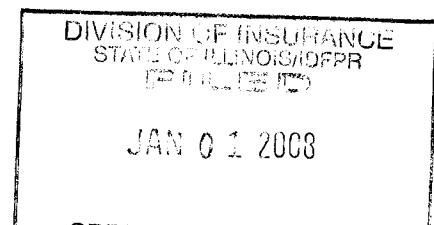
- A. Once the retroactive date is established, it will not be advanced without the written consent of the insured. If advanced, "tail" coverage will be offered for the prior period.
- B. Requests for a retroactive date prior to the first effective date will require underwriting approval. All known or pending claims will be excluded from the coverage offered.
- C. Rates will be adjusted to the appropriate "year" in the claims made interim adjustments, or to the "mature" rate.
- D. Health Care Providers who have moved from different rating territories, or who have changed their practice, and the requested retroactive date will include the exposure of their previous territory or previous higher rated practice, require the approval of the Underwriting Department. See guideline UW-17 for premium charge.
 - 1. If accepted by PPIC, a higher premium charge will be made.
 - 2. If PPIC is not a licensed carrier in the prior state, prior acts coverage is unavailable.
 - 3. If the prior state is a very high rated state, prior acts coverage is unavailable.
 - 4. If the health care provider spent 10 years or more in a different state, prior acts coverage is unavailable.



SUBJECT: CLASSIFICATION PROCEDURE/OTHER STATE	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-22	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. Classification assignment for rating purposes shall be made on the basis of medical specialty and performance or nonperformance of medical procedures.
- B. The initial basis of classification assignment shall be the physician's highest rated specialty, from which more than 9% of his/her practice is derived. (example – a general surgeon (class 5) does 25% vascular surgery (class 6), rate as class 6.)
- C. Any surgeon who assists in surgery only (100% of their practice) shall be rated 80445 – Surgeon/Assisting Only (Class 4). This does not apply to neurosurgery.
- D. The rates as shown in this manual contemplate the exposure as being derived from professional practice within the state. For those who derive part of their income from outside the state, the territory to be used for rating purposes shall be a "blend" of the rates for each territory using the following guidelines:

- 1. 9% or less No change to the rating.
- 2. 10 – 50% Use the percentage of the higher rated state(s) premium in relation to the lower rated state(s) times the percentage of practice in the higher rated state times the base state rates. (Example: Iowa rates are 20% higher than Nebraska. A NE physician derives 15% of his income from IA. $.20 \times .15 = .03$ x the NE rates for the IA exposure)
- 3. 51% or Greater Rated at the highest rated territory.
- 4. If the physician practices in more than 2 states, refer to underwriting.



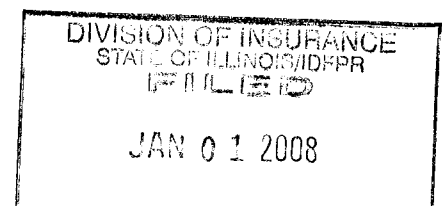
SUBJECT: NEWLY PRACTICING AND PART TIME PHYSICIANS	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-23	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. Newly practicing physicians. Physicians who have been in practice for less than 12 months following completion of medical training or retraining for a new medical specialty practice shall receive a premium discount. (Physician just leaving full time military practice shall be included.)
 - 1. Newly practicing going into "solo" practice – 50%
 - 2. Newly practicing going into "group" – 25%
- B. Part time. Physicians whose clinical medical practice time does not exceed an average of 25 hours per week shall receive a premium discount:
 - 1. Less than 10 hours a week – 35% discount
 - 2. Less than 25 hours a week – 25% discount

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR FILED JAN 01 2008 SPRINGFIELD, ILLINOIS

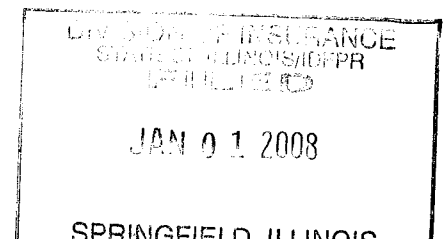
SUBJECT: RESTRICTION AND/OR SUSPENSION OF COVERAGE	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-24	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. Suspended coverage. Premiums will be prorated for physicians who are temporarily in a voluntary inactive practice status for more than 3 months. This could include:
1. Pregnancy
 2. Military duties
 3. Missionary work outside the United States.
- The policy will be endorsed to exclude any medical incident occurring during the time of suspension.
- B. Restrictions of coverage or increased rate. Policies may be issued with special restrictions or at increased premium if:
1. the insured agrees;
 2. the policy could not be written otherwise;
 3. and in admitted states, a consent to rate filing is approved by the state regulators.
- In state fund states, this may not be allowed, refer to underwriting.



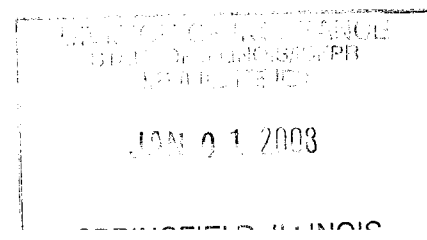
SUBJECT: INDIVIDUAL RISK MODIFICATION	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-25	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. An adjustment to the premium (maximum of +/- 25%) developed at inception may be allowed, based on:
 - 1. Unusual or difficult procedures/characteristics;
 - 2. Failure to comply with reasonable Risk Management recommendations (negative only);
 - 3. Prior claim history (viewed as a function of the effectiveness of loss control);
 - 4. Cooperation with sponsoring hospital;
 - 5. Collection procedures.
- B. The risk management program is in addition to the credits shown above.
- C. An adjustment to the premium (maximum of -20%) developed at inception may be allowed for a group of health care providers employed by a health care facility. The health care facility must be owned by one of PPIC's owners. If a group has qualified for this adjustment and the health care facility discontinues employing the group, the adjustment may continue for 3 years after the employment ends.
- D. The adjustment to the premium available is dependent on individual state approval.



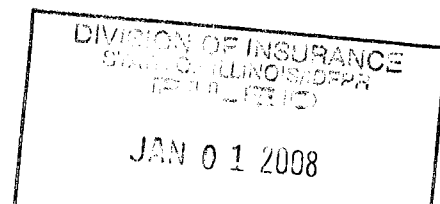
SUBJECT: VICARIOUS LIABILITY	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-26	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. The rate for employed or full time contract physicians or surgeons shall be 10% of the rate applicable for the employed physician or surgeon.



SUBJECT: HEALTH MAINTENANCE ORGANIZATIONS	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-27	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. Coverage for the vicarious liability of PPOs or HMOs arising out of professional services performed by contracting physicians shall be \$0.20 per person enrolled. Code as 80999. Must be approved by Underwriting Department.



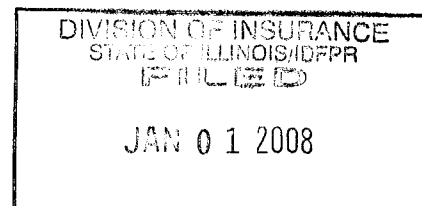
SUBJECT: CONTRACTUAL LIABILITY	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-28	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. The policy provides no coverage for contractual liability
- B. Any contract must contain at minimum a mutual hold-harmless agreement. The health care provider cannot hold the PPO/HMO harmless for the PPO's/HMO's acts.
- C. Coverage for liability of others assumed under contract by insured physicians and surgeons shall be submitted for rating. Code as 80999. Must be approved by the Underwriting Department.

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SUBJECT: LOCUM TENENS COVERAGE	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-29	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

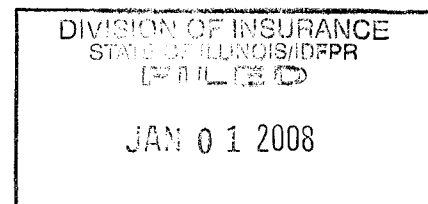
- A. Coverage for locum tenens physicians may be provided by adding the locum tenen physician to the insured physician's policy. Coverage should not normally be provided for a period exceeding 45 days.
- B. If the locum tenen physician shares the limit of liability with the named insured, no additional premium will be charged. Code as 80179.
- C. See Endorsement #PP-133 for terms and conditions.
- D. An application must be completed and approved prior to implementing coverage. At each policy renewal a renewal questionnaire must be completed. PPIC may require updated information at any time if the locum tenen continues to work for the insured health care provider.



SUBJECT: DEPARTMENT HEADS	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-30	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

A. Completed application is required. Rate according to the following schedule:

Time involved in Patient Contact	Department Heads with Limited Clinical Duties % applied to Physician or Surgeon Rate
Less than 25%	50%
25% to 30%	55%
30% to 35%	60%
35% to 40%	65%
40% to 45%	70%
Over 45%	75%



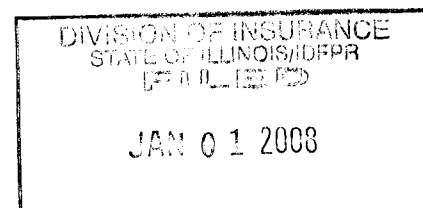
SUBJECT: ORAL SURGEONS	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-31	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. Any dentist engaged in oral surgery or operative dentistry on patients rendered unconscious through the administering of any anesthesia or analgesia.
- B. Rate as a Class 5, but code as 80210.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR FILED JAN 01 2008
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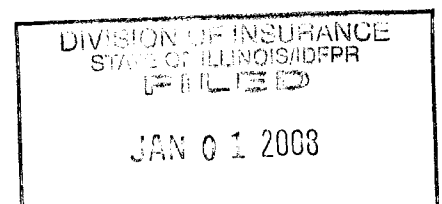
SUBJECT: EMERGENCY ROOM PHYSICIANS	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-32	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. A physician specializing in the practice of emergency medicine must meet the following criteria:
1. Have Board Certification in emergency medicine, or
 2. Have Board Certification in a primary care specialty (family practice or internal medicine) and have completed a course in ACLS, ATLS, and either PALS or APLS.



SUBJECT: RATES	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-33	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. Rates apply on an individual insured basis and are available in the applicable state rate filing manual.
- B. For risks not found in the Manual, or procedures or techniques not otherwise identified, defined, or classified, submit for rating.
- C. Rates are for an annual period of time.



SUBJECT: DEDUCTIBLES	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-34	
EFFECTIVE DATE: 11/01/2007	REVISION DATE: 11/01/2007

- A. The following credits apply for the deductible indicated. To determine deductible premium, apply the following percentage to the 100/300 premium and deduct the result from the increased limit premium.

Deductible Applies to
Indemnity Only

Credit

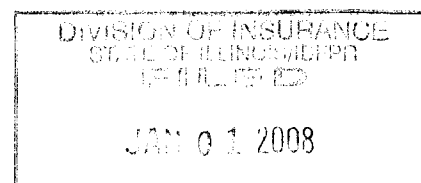
<u>Deductible</u>	<u>Physician</u>	<u>Surgeon</u>
\$5,000/\$15,000	5%	5%
\$10,000/\$30,000	10%	10%
\$25,000/\$75,000	20%	18%
\$50,000/\$150,000	35%	35.5%
\$100,000/\$300,000	57.5%	58.5%

Deductible Applies to
both Indemnity and Loss
Adjustment Expense

Credit

<u>Deductible</u>	<u>Physician</u>	<u>Surgeon</u>
\$25,000/\$75,000	35%	34%
\$50,000/\$150,000	50%	49%
\$100,000/\$300,000	72.5%	72.5%

- B. On group policies the total amount an insured may pay for a deductible may be capped. Pricing will vary depending on experience, the number of health care providers, and the cap selected. Refer to underwriting.



SUBJECT: CLINICS	
LINE OF COVERAGE: HEALTH CARE PROVIDER	
GUIDELINE NUMBER: UW-35	
EFFECTIVE DATE: 11/01/2007	REVISION DATE: 11/01/2007

- A. PPIC must insure all physicians in the clinic.
- B. The clinic cannot provide overnight patient stays and must meet all company requirements.
- C. Limits equal to the limits provided for the physician are available to the clinic, on a separate policy (use form CP-101). All physicians utilizing the clinic must carry limits equal to or greater than the limits available to the clinic and proof of coverage.
- D. To determine the rating for the clinic, (A) use 10% of the total physicians premium divided by the total number of patients expected in the clinic that year, (b) add 1.4% of a class 1 fully mature physician rate at the limits purchased to allow for employees, and (c) multiply the sum by 100. The total is the rate per 100 outpatient visits.

EXAMPLE:

Total premium of all physicians in clinic: $\$35,000 \times 10\% = \$3,500$
Total number of patient visits expected: 10,000

Physician charge per patient = $\$3,500 / 10,000 = \0.35
 $\$0.35 \times 100 = \35.00 per 100 visits

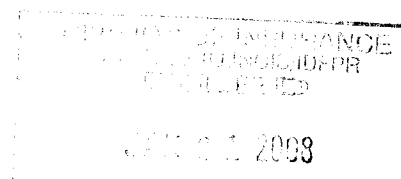
PLUS

Class 1 physician mature rate (at policy limits): \$5,000
Employee Charge = $1.4\% \times 5,000 = \$70.00$ per 100 visits

CLINIC CHARGE PER 100 VISITS =

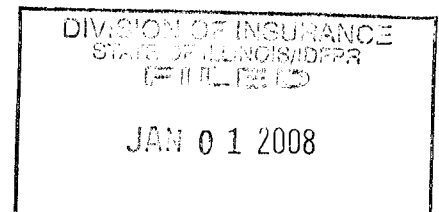
$\$35.0 + \$70.00 = \$105.00$ per 100 visits
10,000 visits = $100 \times \$105.00 = \$10,500$

- E. Long term treatment clinic (i.e. dialysis, etc.) are rated per 100 outpatient visits:
 - 1. California: 3% of Class 1 rate
 - 2. All other states 1% of Class 1 rate



SUBJECT: CLINICS (Continued)	
LINE OF COVERAGE: HEALTH CARE PROVIDER	
GUIDELINE NUMBER: UW-35	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- F. Reporting form endorsement is available. If all professionals of the clinic purchase tail coverage, the clinic shall then be entitled to purchase tail coverage by giving the Company written notice within 30 days of its intent to purchase, and paying the appropriate premium. If all health care providers do not purchase tail coverage, the clinic is not eligible for tail coverage.
- G. If no prior acts is provided to the clinic or to any health care provider in the clinic, the extended reporting period premium may be waived. The account would be written at fully mature rates at the inception of the program with PPIC. Any new health care providers added to the clinic in the future will not have prior acts provided. The clinic must develop \$250,000 in annual premium and be approved by the Underwriting Department prior to offering this option to an account.

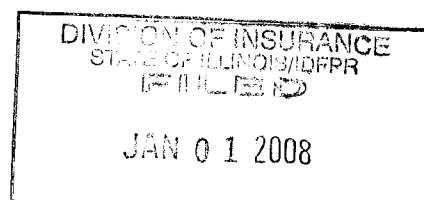


SUBJECT: ACCELERATED REPORTING	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-36	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. A free tail may be provided for those who would not otherwise qualify because they have less than 5 years to work before retirement. This situation occasionally occurs when a group of physicians is considering PPIC and certain members fall into the description described above. The following criteria must be met:
1. The insured anticipates retirement from his or her profession in less than 5 years,
 2. The insured has attained age 55, and
 3. The insured has a claims-made coverage with the company in a group practice.

The total number of insureds, within a group practice, that may qualify for the Accelerated Reporting Endorsement may not exceed a ratio of 1 in 5.

- B. Extended reporting period coverage would be provided to the corporate entity also.
- C. Refer to Underwriting for prior approval.



SUBJECT: RETIRED VOLUNTEER PHYSICIANS	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-37	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. This program is available in Nebraska, Colorado, and Texas only.
- B. This program is for former physician policyholders of PPIC that are retired and have valid reporting endorsements. These physicians must work without remuneration. No coverage will be provided for any obstetrical, prenatal, invasive or surgical procedures of any type.
- C. Coverage may be written on an individual basis only.
- D. The physicians should have a valid, current medical license.
- E. The maximum allowable number of hours worked per week is 20.
- F. Rates apply on a per person basis and appear below. The rates apply regardless of policy term and regardless of the number of years the retroactive date precedes the policy expiration date.

Senior Volunteer
Physician – No Surgery
80579

All Number of Years
\$100.00

- 1) No premium discounts are allowable under this program.
- 2) No pro rata factors apply to this program.
- 3) A policy writing minimum premium applies to this program.
- G. Partnership coverage and employee coverage is not available under this program.
- H. The physicians must sign the supplemental application verifying they are doing no obstetrical, prenatal, invasive or surgical procedures.
- I. These policies are not eligible for retrospective premium returns.
- J. No premium payment plan is available.
- K. The limits of liability are \$100,000 each medical incident and \$200,000 annual aggregate. Limits of liability may not be increased or decreased under this program. (200,000/600,000 in Nebraska only.)
- L. Locum tenens provisions do not apply to this program.
- M. Employees as additional insured coverage is not permitted under this program.
- N. The reporting endorsement will be issued at no charge under this program. The physician must be retiring completely from this program.

DIVISION OF INSURANCE
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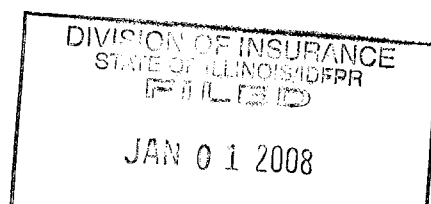
SUBJECT: PAYROLL EMPLOYEES	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-38	
EFFECTIVE DATE: 11/01/2007	REVISION DATE: 11/01/2007

A. Shared Limits of Liability for Payroll Employees:

1. Coverage is provided at no charge to the insured physician for his/her liability for the supervision or the acts of payroll employees.
2. Payroll employees are additional insureds under the policy (except physicians, surgeons, certified registered nurse anesthetists, physician or surgical assistants, nurse midwives, podiatrists, and dentists).
3. The excluded payroll employees shown in 2. above may be added for an additional charge. Refer to B below.
4. Payroll employees as additional insureds have coverage restricted to professional acts done as an employee of our insured. There is no coverage for any independent work of the payroll employee insured.
5. Payroll employees will be added to a corporation policy. If the insured is a sole proprietor, the employees may be added to the sole proprietor's policy.
6. Limits of liability are always shared with the corporation, or physician. For separate limits see B. below.
7. Volunteers will be considered as a payroll employee provided that they are not excluded in 2. above.
8. No additional premium is charged.
9. The extended reporting period for the policy to which the payroll employee is attached governs the tail coverage for all payroll employees.

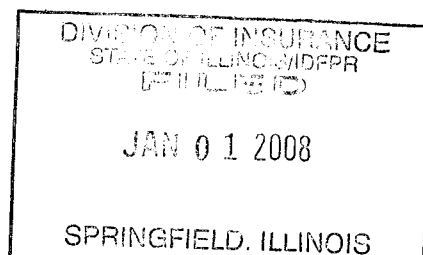
B. Separate Limits of Liability for Payroll Employees and Excluded Payroll Employees

1. Coverage is provided at no charge to the insured physician for his/her liability for the supervision or the acts of all employees.
2. Payroll employees will be endorsed as an additional insured under the policy
3. Payroll employees as additional insureds have coverage restricted to professional acts done as an employee of our insured. There is no coverage for any independent work of the payroll employee insured.



SUBJECT: PAYROLL EMPLOYEES (Continued)	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-38	
EFFECTIVE DATE: 11/01/2007	REVISION DATE: 11/01/2007

4. Payroll employees will be added to a corporation policy. If the insured is a sole proprietor, the payroll employees may be added to the sole proprietor's policy.
5. A separate limit of liability will be provided to each payroll employee in which a premium is collected.
6. The premium is determined as follows:
 - a. Determine the at limits rates for a class 1 physician, at the same "claims made" step as the physician the payroll employee does the majority of their work for.
 - b. Based on the specialty of the employee, determine the correct code number and rate percentage. The code # and rate percentage are shown on the following page.
 - c. Multiply the percentage determined by the rate.
7. Minimum premium to add a payroll employee is \$100 per employee.
8. The para-professional employee shall have the option to purchase extended reporting period coverage for the policy to which the coverage is attached.



<u>Code</u>	<u>Specialty Description</u>	<u>% of Class 1 Rates filed on State Rate Pages</u>
	Dentists	Refer to Underwriting
	Nurse:	
87907	Anesthetist	
	a. Supervised by Surgeon	1.50
	b. Supervised by Anesthesiologists	.75
87908	c. Unsupervised	2.00
87910	Midwife	1.75
	Physician	As shown in Classification Table
	Employed Physician	0.85 of practicing specialty as shown in the Classification Table
87920	Physician Assistant	.25
87921	Podiatrist (surgery)	2.50
87922	Podiatrist (no surgery)	1.75
	Surgeon	As shown in Classification Table
87924	Surgical Assistant	.60
87998	All Other	Refer to Underwriting

- If more than two CRNA's are supervised by one anesthesiologist, refer to Underwriting for rating.

MISCELLANEOUS PROFESSIONALS – PER EMPLOYEE

<u>Description</u>	<u>Class Code</u>	<u>Relativity</u>
Health Sciences – Physicist/Biologist	90101	0.15
Chiropractor	80410	0.60
Chiropractor – Employed	80411	0.25
Chiropractor – Assistant	90304	0.25
Laboratory Services – Supervisor/Director	90401	0.075
Laboratory Services – Medical Technician	80711	0.05
Laboratory Services – X-ray Technician	80713	0.05
Laboratory Services – EEG/EKG/Ultrasound Tech.	90405	0.075
Dietician or Nutritionist	87903	0.075
Midwife Assistant	91402	0.50
Nursing Services – Nurse	80998	0.025
Nursing Services – Aide/Homemaker	91504	0.02
Nursing Services – Student Nurse Anesthetist	91509	0.40
Nursing Services – RN Anesthetist	91510	1.30
Occupational Therapist	91601	0.60
Occupational Therapist – Assistant	91602	0.35
Optician	87916	0.075

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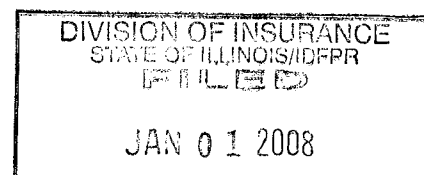
Optometrist	80994	0.075
Optometrist – Employed	80944	0.025
Optometry-Assistant/Technician	91802	0.15
Ophthalmologic Technician	87926	0.10
Orthotics/Prosthetist – Fitting Only	91901	0.50
Prosthetist	87927	0.75
Pharmacist	59112	0.10
Pharmacist Assistant	92002	0.075
Physical Therapist – Owner	80995	0.15
Physician Therapy-Assistant/Aide/Technician	92102	0.05
Physical Therapist – Employed	92103	0.075
Physician Extender – Nurse Practitioner	92201	0.40
Physician Extender-Phys/Surg/Anesth. Assistant	92202	0.50
Physician Extender – Perfusionist	92203	1.25
Psychologist	92401	0.35
Respiratory Therapist	92601	0.50
Respiratory Therapist – Aide/Assistant/Tech	92602	0.35
Social Worker	87905	0.10
Health Services NOC – Paramedic/EMT	93105	0.25
Health Services NOC – Medical Office Assistant	93106	0.035
Health Services NOC – Operating Room Technician	93107	0.075
Dentist – Hygienist	93201	0.10
Dentist – NOC	93202	0.60
Dentistry – Oral Surgeon	80210	Class 5
Dental Anesthesia	93211	2.00
Dentistry – Orthodontist	93212	0.60
Dentistry – Pedodontist	93213	0.60
Dentistry – Periodontist	93214	0.60
Dentistry – Prosthodontist	93215	0.60
Dentistry – Endodontist	93216	0.60
Dentistry – Oral Pathologist	93217	0.60
Dentistry – Public Health	93218	0.60
Dentistry – AAOMS Member	93219	1.50
Dentistry – Other than Oral Surgeons	93220	1.50
X-Ray Therapy	80714	0.025
Chiropodist	80993	0.075
Chiropodist – Employed	80943	0.025
OR Technician	87914	0.35
Scrub Nurse	87912	0.35

SUBJECT: SLOT-RATED GROUP PROGRAM	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-39	
EFFECTIVE DATE: 11/01/2007	REVISION DATE: 11/01/2007

- A. These rating programs are available to those facilities that tend to have a constant number of Full Time Equivalencies (FTE's), with high health care provider turnover.
- B. Prior to a slot-rated program being bound, the insured must sign a written agreement indicating the entity will purchase tail coverage from PPIC or obtain prior acts coverage from another carrier. If prior acts coverage is obtained, the new carrier must hold PPIC harmless for certificates of insurance regarding tail coverage that were issued to prior occupants of the slot.
- C. The policy provides coverage for all previously terminated and all current health care providers who are scheduled. Only if the program or a slot is terminated will a reporting endorsement be required to cover all past and present individuals.
- D. "Slots" (or positions) will be used to determine the exposure base. A "slot" is based on an average of a 50 hour work week for one or more part-time health care providers. Slots may be based on full time equivalent of 50 hours (FTE) if more than one health care provider fills the "slot" during a work week. (A health care provider working full time occupies a "slot" regardless of the number of hours worked.)
- E. If .50 or less of a slot is the hours contemplated, round the slot down. If .51 or more of a slot is the hours contemplated, round the slot up. A minimum of one slot is required if any health care provider is working in a particular specialty.
- F. Rating for the claims made process will reflect the retroactive date of the slot.
- G. RESIDENTS AND INTERNS: Rating for the claims made process will reflect the retroactive date of the program or of the new slot.
- H. If a slot remains empty for an extended period of time (90+ days), it will be closed and tail coverage must be purchased. The first slot opened is the first slot closed for rating purposes.
- I. PPIC will not offer prior acts coverage on a slot-rated program.

SUBJECT: NON-SLOT RATED GROUP PROGRAM	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-40	
EFFECTIVE DATE: 07/01/99	REVISION DATE: 07/01/99

- A. A group of health care providers may be placed on a MP-101 policy without using slot rating. This is the equivalent of one health care provider to one slot.
- B. If a health care provider discontinues coverage with PPIC, the health care provider must either purchase tail coverage or obtain prior acts coverage from the new carrier.
- C. Prior acts coverage is available upon review and acceptance of a completed application.
- D. Payroll employees are not included in this policy. If coverage is desired for payroll employees, a separate corporate policy must be issued. Use guideline UW-37.



SUBJECT: CLASSIFICATION TABLE	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-41	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

<u>Classification</u>	<u>No Surgery</u>	<u>Minor Surgery</u>	<u>Major Surgery</u>
Aerospace Medicine	(1) 80230	-	-
Allergy	(1a) 80254	-	-
Anesthesiology This classification applies to all general practitioners or specialists who perform general anesthesia or acupuncture anesthesia	-	-	(5a) 80151
Broncho-Esophagology	-	-	(3) 80101
Cardiovascular Disease	(1) 80255	(2) 80281	(6) 80150
Dermatology	(1a) 80256	(2) 80282	-
Diabetes	(1) 80237	(2) 80271	-
Emergency Medicine This classification applies to any general practitioner or specialist primarily engaged in emergency practice at a clinic, hospital, or rescue facility.	(4) 80102		(5) 80157
Endocrinology	(1) 80238	(2) 80272	(3) 80103
Family Physicians or General Practitioners – including obstetrical procedures	-	(3) 80421	(4) 80117
Family Physicians or General Practitioners – no obstetrical procedures	(1) 80420	(2) 80423	(4) 80117
Forensic Medicine	(1a) 80240	-	-
*CO, DE, IA, LA, MD, and NE Gastroenterology	(1) 80241	(2) 80274	(3) 80104

General Preventive Medicine	(1) 80231	-	-
Geriatrics	(1) 80243	(2) 80276	(3) 80105
Gynecology	(1) 80244	(2) 80277	(5) 80167
Hematology	(1) 80245	(2) 80278	-
Hypnosis	(1) 80232	-	-
Infectious Diseases	(1) 80246	(2) 80279	-
Intensive Care Medicine This classification applies to any general practitioner or specialist employed in an intensive care hospital unit.	(2) 80283	-	-
Internal Medicine	(1) 80257	(2) 80284	-
Laryngology	(1) 80258	(2) 80285	(5) 80106 (4) *
Legal Medicine	(1a) 80240	-	-
Neoplastic Diseases	(1) 80259	(2) 80286	(3) 80107
Nephrology	(1) 80260	(2) 80287	(3) 80108
Neurology – including child	(1) 80261	(2) 80288	(8) 80152
Nuclear Medicine	(1) 80262	-	-
Nutrition	(1) 80248	-	-
Occupational Medicine	(1) 80233	-	-
Ophthalmology	(1) 80263	(2) 80289	(3) 80114 (2) *
*CO, DE, IA, LA, MD, NE Otology	(1) 80264	(2) 80290	(5) 80158 (4) *
Otorhinolaryngology	(1) 80265	(2) 80291	(5) 80159 (4) *

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
(7/11/13) (3)

JAN 01 2008

Pathology	(1a) 80266	(2) 80292	-
Pediatrics	(1) 80267	(2) 80293	-
Pharmacology	(1) 80234	-	-
Physiatry	(1) 80235	-	-
Physician Medicine and Rehabilitation	(1) 80235	-	-
Physicians – This is a N.O.C. classification	(1) 80268	(2) 80294	-

Physicians – Major invasive procedures – This classification applies to all general practitioners or specialists except those performing major surgery, anesthesiology, or acupuncture anesthesiology, who perform any of the following medical techniques or procedures:

- Acupuncture – other than acupuncture anesthesia
- Angiography
- Arteriography
- Catheterization – arterial, cardiac or diagnostic – other than (1) the occasional emergency insertion of pulmonary wedge, pressure recording catheters or temporary pacemakers, (2) urethral catheterizations, or (3) umbilical cord catheterization for diagnostic purposes or for monitoring blood gases in newborns receiving oxygen.
- Cryosurgery – other than use on benign or pre-malignant dermatological lesions.

Listing continued on next page

*CO, DE, IA, LA, MD, NE

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDPR
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JAN 01 2008

- Discograms
- Lasers-used in therapy
- Lymphangiography
- Mylegraphy
- Phlebography
- Pneumoencephalography
- Radiation therapy
- Shock therapy

Physicians – Minor invasive procedures – This classification applies to all general practitioners or specialists, except those performing major surgery, anesthesiology, or acupuncture anesthesiology, who perform any of the following medical techniques or procedures:	(2) 80443	-	-
<ul style="list-style-type: none"> • Colonoscopy • ERCP (endoscopic retrograde cholangiopancreatography) • Needle biopsy – including lung and prostrate, but not including liver, kidney, or bone marrow biopsy. • Pneumatic or mechanical esophageal dilation (not with bougie or olive) • Radiopaque Dye – injections into blood vessels, lymphatics, sinus tracts of fistulae (not applicable to Radiologists Code 80280) 			
Psychiatry – including child	(1a) 80249	-	-
Psychoanalysis	(1a) 80250	-	-
Psychosomatic Medicine	(1a) 80251	-	-
Public Health	(1a) 80236	-	-
Pulmonary Diseases	(1) 80269	-	-
*CO, DE, IA, LA, MD, NE Radiology – diagnostic – Minor surgery includes radiopaque dye injections into blood vessels, lymphatics, sinus tracts, or fistulae	(1) 80253	(2) 80280	-

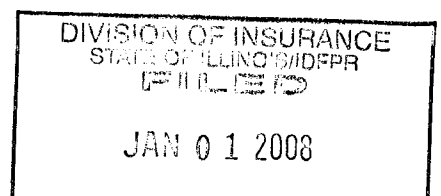
DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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Rheumatology	(1) 80252	-	-
Rhinology	(1) 80247	(2) 80270	(5) 80160 (4) *
Surgery – abdominal	-	-	(5) 80166
Surgery – assist only	-	-	(4) 80445
Surgery – cardiac	-	-	(6) 80141
Surgery – colon and rectal	-	-	(3) 80115
Surgery – general – This is a N.O.C. classification. This classification does not apply to any general practitioners or specialists who occasionally performs major surgery	-	-	(5) 80143
Surgery – hand	-	-	(5) 80169
Surgery – head and neck	-	-	(5) 80170
Surgery – neurological	-	-	(8) 80152
Surgery – obstetrics	-	-	(7) 80168
Surgery – obstetrics/gynecology	-	-	(7) 80153
Surgery – orthopedic	-	-	(6) 80154
Surgery – plastic – This is a N.O.C. classification	-	-	(5) 80156
Surgery – plastic – Otorhinolaryngology	-	-	(5) 80155
Surgery – thoracic	-	-	(6) 80144
*CO, DE, IA, LA, MD, NE Surgery – traumatic	-	-	(6) 80171
Surgery – urological	-	-	(3) 80145
Surgery – vascular	-	-	(6) 80146

Urgent Care Physicians – This classification (1) 80424
applies to any general practitioner or specialist
providing immediate care in an outpatient
clinic advertised as urgent care, urgicare, etc.,
but not involving emergency practice. Similar
practice in a hospital setting or one that
accepts ambulance service shall be considered
emergency medicine.

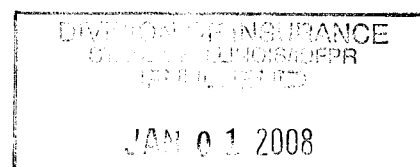
*CO, DE, IA, LA, MD, NE



SUBJECT: PROCEDURE LISTING	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-42	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

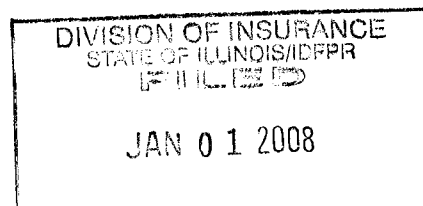
The attached listing contains commonly asked about procedures. Several of the procedures indicate a range the classification could fall in. The final determination of these procedures is dependent on the overall practice of the physician.

Acupuncture	Class 2
Adolescent patients	Class 1
Allergy testing	Class 1
Anesthesia – Spinal	Refer to VP-Underwriting. Needs rated up from 5a
Angiography	Class2
Angioplasty – Coronary/Stints	Class 2 w/25% debit
Angioplasty – All Other	Class 2
Assisting in the performance of surgery on own patients	Class 2 or 3 (minor surgery)
Assisting in the performance of surgery on patients other than own	Class 4 (major surgery)
Arterial, cardiac or other diagnostic catheterization (includes insertion of cardiac pacemaker). This does not apply to Swan-Ganz, umbilical cord or urethral catheterization, or arterial line in a peripheral vessel. (Swan-Ganz should not be performed by FP's – should be cardiologists or internal medicine only.	Class 2
Arteriography	Class 2
Audiogram	Class 1
Bone Marrow Transplants	Class2
Carpal Tunnel Injections	Borderline Class 1 or 2
Cervical conization	Class 2
Chemobrasion	Class2
Circumcision	Class 1 or 2 (depends on what else doing)
Closed reduction of fractures of the extremities, scapula, clavicle, and ribs requiring closed manipulation	Class 2
Colposcopy	Class 2 (borderline 1)
Colonoscopy	Class 1
Cryosurgery	Class 2



D&C	Class 2
Dermabrasion	Class2
DEXA scans (bone density imaging test)	Class 1
Diagnostic/therapeutic D&C	Class 2
Diagnostic Spinal Tap	Class 1
Diet/Weight Counseling	Class 1
Digital amputation	Class 2
EGD (esophago-gastro-duodenoscopy) (upper GI endoscopy)	Class 2
Electroshock therapy	Class2
Electroencephalography, Electroneuromyography, or Evoiced potentials	Class 1
Endocervical polyp removal	Class 1
Endometrial biopsies	Class 1 or 2 (what else doing i.e. lot's of gyn?)
Endoscopic procedures – bronchoscopy, colposcopy, diagnostic cystoscopy, gastoscopy and diagnostic laparoscopy	Class 2
ERCP (endoscopic retrograde cholangio-pacreatography)	Minor surgery (borderline major); Must review training.
Event Monitoring	Class 1
Excisional biopsy	Class 1
Extraocular surgery (includes surgery on cysts and lids)	Class 2
Flex Sigmoidoscopy	Class 1
Hair Transplantation	Class 2
Interventional radiology such as embolization, percutaneous transluminal angioplasty, percutaneous nephrostomy and other drainage procedures.	Class 2
IUD insertion	Class 1
Joint injection	Class 1
Laryngoscopy	Class 1
Liquid nitrogen cryotherapy	Class 1
Lumbar puncture	Class 1
Lymphangiography	Class 2
Myelography	Class 2 if FP, Class 1 if radiologist
Needle biopsies of breast, lung, prostate	Class 2
Needle biopsies of liver, kidney, and bone marrow	Class 1
Neonatal	Class 2
Office Splinting	Class 1
Paracentesis	Class 1
Paronychia, I&D (puss pocket)	Class 1
Pediatrics – no surgery – no neonatal	Class 1

Pediatrician attending C-Sects	Must have PALS
Pericardiocentesis	Class 2
Pneumatic esophageal dilation for achalasia	Class 2
Pneumoencephalography	Class 2
Pulmonary Function	Class 1
Punch biopsy	Class 1
Radiopaque Dye Injections	Class 2
Radiation Therapy	Class 2
Rheumatology	Class 1
Sports Medicine patients	Class 1
Stress Testing	Class 1
Sutures	Class 1
Therapeutic radiology, deep (includes radium implants)	Class 2
Thoracentesis	Class 2 at least
Toenail removal	Class 1
Transplants	Class 6 or 7 (Training, how many done, age, etc.)
Treadmill test	Class 2
Trigger point injections	Class 1
Urgent Care	Class 1 or 3 dependent on state quoted in
Vasectomy	Class 2



SUBJECT: TERRITORIAL DEFINITIONS	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-43	
EFFECTIVE DATE: 11/01/2007	REVISION DATE: 11/01/2007

Illinois Territorial Definitions

TERRITORY 1

The following Counties: Champaign, Macon, Sangamon

TERRITORY 2

The following Counties: Coles, DeKalb, LaSalle, Ogle, Randolph, Winnebago

TERRITORY 3

The following Counties: Cook, Madison, St. Clair

TERRITORY 4

The following Counties: DuPage, Kane, McHenry

TERRITORY 5

The following Counties: Jackson, Vermillion

TERRITORY 6

The following Counties: Kankakee

TERRITORY 7

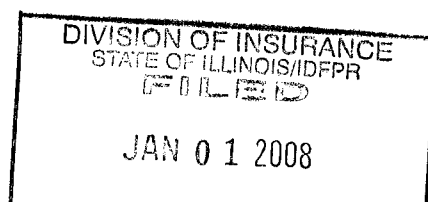
The following Counties: Lake

TERRITORY 8: Remainder of State

TERRITORY 9

The following Counties: Will

* Independent Cities within the county described above are also included in the territory designated.



SUBJECT: INCREASED LIMIT FACTORS	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-44	
EFFECTIVE DATE: 11/01/2007	REVISION DATE: 11/01/2007

The following multipliers will apply to the Company's 100/300 Mature Claims-Made base rates for Physicians not performing major surgery in classes 1 through 4:

Limits (\$000s)	Factor
100/300	1.000
200/600	1.270
250/750	1.370
500/1,500	1.760
1,000/3,000	2.200
2,000/4,000	2.690

The following multipliers will apply to the Company's 100/300 Mature Claims-Made base rates for Physicians performing major surgery in classes 5A through 8:

Limits (\$000s)	Factor
100/300	1.000
200/600	1.310
250/750	1.430
500/1,500	1.900
1,000/3,000	2.480
2,000/4,000	3.030

Actuarial equivalents apply to all other limits not specifically shown.

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability

Claims-Made Rates

\$100,000 / \$300,000 Limits

Illinois

Territory 1

<u>Class</u>	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>Mature</u>
1A	\$1,572	\$3,407	\$5,307	\$6,028	\$6,552
1	1,966	4,259	6,634	7,535	8,190
2	2,948	6,388	9,951	11,302	12,285
3	3,853	8,347	13,002	14,768	16,052
4	5,307	11,499	17,912	20,344	22,113
5A	4,265	9,242	14,396	16,351	17,772
5	7,607	16,482	25,673	29,160	31,695
6	9,887	21,422	33,369	37,900	41,196
7	11,794	25,553	39,803	45,209	49,140
8	16,118	34,922	54,398	61,785	67,158

DIVISION OF INSURANCE
STATE OF ILLINOIS/DEPR
CHICAGO, ILL.

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PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability

Claims-Made Rates

\$100,000 / \$300,000 Limits

Illinois

Territory 2, 6, 8

<u>Class</u>	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>Mature</u>
1A	\$1,081	\$2,342	\$3,649	\$4,144	\$4,505
1	1,351	2,928	4,561	5,180	5,631
2	2,027	4,392	6,841	7,770	8,446
3	2,649	5,739	8,939	10,153	11,036
4	3,649	7,905	12,314	13,986	15,203
5A	2,932	6,354	9,897	11,241	12,218
5	5,230	11,331	17,650	20,047	21,791
6	6,797	14,727	22,941	26,056	28,322
7	8,108	17,568	27,365	31,081	33,784
8	11,081	24,009	37,399	42,477	46,171

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability

Claims-Made Rates

\$100,000 / \$300,000 Limits

Illinois

Territory 3, 9

<u>Class</u>	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>Mature</u>
1A	\$1,966	\$4,259	\$6,634	\$7,535	\$8,190
1	2,457	5,324	8,292	9,419	10,238
2	3,686	7,985	12,439	14,128	15,356
3	4,816	10,434	16,253	18,460	20,066
4	6,634	14,373	22,389	25,430	27,641
5A	5,332	11,552	17,994	20,438	22,215
5	9,509	20,602	32,091	36,450	39,619
6	12,359	26,777	41,711	47,375	51,495
7	14,742	31,941	49,754	56,511	61,425
8	20,147	43,653	67,997	77,232	83,948

DIVISION OF INSURANCE
STATE OF ILLINOIS/ICFPR
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PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability

Claims-Made Rates

\$100,000 / \$300,000 Limits

Illinois

Territory 4, 5, 7

<u>Class</u>	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>Mature</u>
1A	\$1,769	\$3,833	\$5,971	\$6,781	\$7,371
1	2,211	4,791	7,463	8,477	9,214
2	3,317	7,187	11,195	12,715	13,821
3	4,334	9,391	14,628	16,614	18,059
4	5,971	12,936	20,150	22,887	24,877
5A	4,799	10,397	16,195	18,394	19,994
5	8,558	18,542	28,882	32,805	35,657
6	11,123	24,099	37,540	42,638	46,345
7	13,268	28,747	44,779	50,860	55,283
8	18,133	39,287	61,198	69,509	75,553

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
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PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
Extended Reporting Endorsement
\$100,000 / \$300,000 Limits
Illinois
Territory 1

Class	Years Retroactive Date Precedes Policy Expiration Date							
	0.5	1	1.5	2	2.5	3	3.5	4+
1A	\$2,968	\$5,392	\$7,070	\$8,740	\$9,428	\$10,110	\$10,405	\$10,699
1	3,710	6,740	8,837	10,925	11,785	12,637	13,006	13,374
2	5,565	10,111	13,256	16,388	17,678	18,956	19,509	20,061
3	7,272	13,211	17,321	21,414	23,099	24,769	25,491	26,214
4	10,017	18,199	23,860	29,499	31,821	34,120	35,115	36,111
5A	8,051	14,627	19,176	23,708	25,574	27,423	28,222	29,022
5	14,358	26,085	34,199	42,282	45,610	48,906	50,332	51,758
6	18,662	33,904	44,450	54,955	59,281	63,565	65,419	67,273
7	22,260	40,442	53,022	65,553	70,712	75,823	78,034	80,246
8	30,423	55,271	72,463	89,589	96,640	103,625	106,647	109,669

DIVISION OF INSURANCE
STATE OF ILLINOIS/DEPR
JAN 01 2003

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
Extended Reporting Endorsement
\$100,000 / \$300,000 Limits
Illinois
Territory 2, 6, 8

Class	Years Retroactive Date Precedes Policy Expiration Date							
	0.5	1	1.5	2	2.5	3	3.5	4+
1A	\$2,041	\$3,707	\$4,860	\$6,009	\$6,482	\$6,950	\$7,153	\$7,356
1	2,551	4,634	6,075	7,511	8,102	8,688	8,941	9,195
2	3,826	6,951	9,113	11,267	12,154	13,032	13,412	13,792
3	4,999	9,083	11,908	14,722	15,881	17,029	17,525	18,022
4	6,887	12,512	16,404	20,280	21,877	23,458	24,142	24,826
5A	5,535	10,056	13,184	16,299	17,582	18,853	19,403	19,953
5	9,871	17,934	23,512	29,069	31,357	33,623	34,603	35,584
6	12,830	23,309	30,559	37,782	40,755	43,701	44,975	46,250
7	15,304	27,804	36,453	45,068	48,615	52,128	53,649	55,169
8	20,916	37,999	49,819	61,592	66,440	71,242	73,320	75,397

DIVISION OF INSURANCE
STATE OF ILLINOIS/DOFPR
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JAN 01 2008

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
Extended Reporting Endorsement
\$100,000 / \$300,000 Limits
Illinois
Territory 3, 9

Class	Years Retroactive Date Precedes Policy Expiration Date							
	0.5	1	1.5	2	2.5	3	3.5	4+
1A	\$3,710	\$6,740	\$8,837	\$10,925	\$11,785	\$12,637	\$13,006	\$13,374
1	4,638	8,425	11,046	13,657	14,732	15,796	16,257	16,718
2	6,956	12,638	16,569	20,485	22,098	23,695	24,386	25,077
3	9,090	16,514	21,651	26,767	28,874	30,961	31,864	32,767
4	12,521	22,749	29,825	36,873	39,776	42,650	43,894	45,138
5A	10,064	18,283	23,970	29,635	31,968	34,278	35,278	36,278
5	17,947	32,607	42,749	52,852	57,012	61,132	62,915	64,698
6	23,327	42,380	55,563	68,694	74,101	79,456	81,773	84,091
7	27,826	50,553	66,278	81,941	88,391	94,779	97,543	100,307
8	38,028	69,089	90,579	111,986	120,800	129,531	133,309	137,086

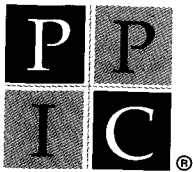
DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
JAN 01 2003

PREFERRED PROFESSIONAL INSURANCE COMPANY

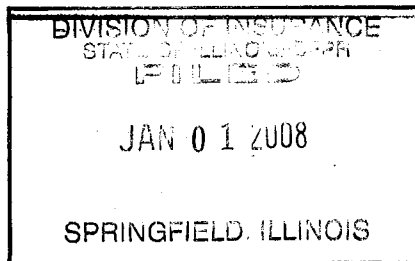
Physicians and Surgeons Professional Liability
Extended Reporting Endorsement
\$100,000 / \$300,000 Limits
Illinois
Territory 4, 5, 7

Class	Years Retroactive Date Precedes Policy Expiration Date							
	0.5	1	1.5	2	2.5	3	3.5	4+
1A	\$3,339	\$6,066	\$7,953	\$9,833	\$10,607	\$11,373	\$11,705	\$12,037
1	4,174	7,583	9,942	12,291	13,259	14,217	14,631	15,046
2	6,261	11,374	14,912	18,437	19,888	21,325	21,947	22,569
3	8,181	14,863	19,486	24,091	25,987	27,865	28,678	29,490
4	11,269	20,474	26,842	33,186	35,798	38,385	39,505	40,624
5A	9,057	16,455	21,573	26,672	28,771	30,850	31,750	32,650
5	16,153	29,346	38,474	47,567	51,311	55,019	56,624	58,228
6	20,994	38,142	50,006	61,824	66,691	71,511	73,596	75,682
7	25,043	45,497	59,650	73,747	79,552	85,301	87,789	90,276
8	34,225	62,180	81,521	100,787	108,720	116,578	119,978	123,378

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
JAN 01 2008



The link between
coverage and caring®



October 22, 2007

Ms. Gayle Neuman
Insurance Analyst
Property & Casualty Division
Illinois Division of Insurance
320 West Washington Street
Springfield, IL 62767

RE: Preferred Professional Insurance Company
NAIC #: 36234
Physicians & Surgeons Rate and Rule Filing
PPIC Filing #: IL-PS-07-06

47-0580977 ✓

Preferred Professional

Insurance Company

11605 Miracle Hills Drive

Suite 200

Omaha, NE 68154-4467

Tel 402.392.1566

Fax 402.392.2673

www.ppicins.com

Dear Ms. Neuman:

eff 1-1-08

This letter and the enclosed material are being submitted on behalf of Preferred Professional Insurance Company (PPIC) to be effective October 23, 2007. PPIC is filing a rate decrease of 10% for its physicians and surgeons medical malpractice rates in Kentucky. Also, in this filing is a relativity change for employed physicians of 0.85. This relativity change is included in the actuarial support included in this filing.

I have included in this filing the an Actuarial Support Letter, Property & Casualty Submittal Document, Form RF-3, Certifications, and a complete rule manual including the employee relativity rule change. I have made a side by side comparison of the rule change as well.

If you should have any questions or require additional information you may contact me at (800) 441-7742, Ext. 248 or at the following email address: eseaman@ppicins.com. Thank you for your consideration of our filing.

Sincerely,

Emalee Seaman

Emalee Seaman
Corporate Compliance Paralegal

Enclosures

Dedicated to
enhancing Catholic
health care by being
a unique insurance
resource for health
care providers.

1-0
MEM

RNT

26

Jeh

Neuman, Gayle

From: Emalee K. Carrigan [ecarrigan@ppicins.com]
Sent: Wednesday, October 08, 2008 2:06 PM
To: Neuman, Gayle
Subject: RE: Preferred Professional Insurance Co - rate/rule filing #IL-PS-07-06

Ms. Neuman,

We would like to have an effective of January 1, 2008.

Thank you,
Emalee Carrigan
Corporate Compliance Paralegal
Preferred Professional Insurance Company®
11605 Miracle Hills Drive, Suite 200
Omaha, Nebraska 68154
Tel. (800) 441-7742, Ext. 3233
Direct Dial (402) 965-3233
Fax (402) 392-2673

This E-mail message, and any attachments, is confidential, intended only for the named recipient(s) above and may contain information that is privileged, proprietary or otherwise protected by applicable law. If you have received this message in error, please notify the sender at 402-392-1566 and delete this E-mail message. Thank you.

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Wednesday, October 08, 2008 11:06 AM
To: Emalee K. Carrigan
Subject: Preferred Professional Insurance Co - rate/rule filing #IL-PS-07-06

Ms. Seaman,

Our Division has now completed the review of this filing as of October 6, 2008. This submission is now considered as "filed". We are checking to see if you still wanted/used the January 1, 2008 effective date. We have many filings where the company tells us an effective date, but ends up using the date our review is complete. Therefore, we are just confirming what the effective date should be.

Thank you for your prompt attention and response.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting any filing. The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

10/8/2008

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO:
Gayle.Neuman@illinois.gov

10/8/2008

Neuman, Gayle

From: Neuman, Gayle
Sent: Tuesday, October 23, 2007 3:40 PM
To: 'Emalee K. Seaman'
Subject: RE: IL-PS-07-06 Rate Filing

Ms. Seaman,

I will just add this e-mail to the file to show why we processed it with a different effective date.

Gayle Neuman
Division of Insurance

From: Emalee K. Seaman [mailto:eseaman@ppicins.com]
Sent: Tuesday, October 23, 2007 3:38 PM
To: Neuman, Gayle
Subject: IL-PS-07-06 Rate Filing

Dear Ms. Neuman:

In regards to the filing you received today for the 10% decrease. Could we change the effective date to January 1, 2008 or do we need to withdraw the filing and re-file it with a different effective date? Please let me know the way you would prefer us to go with this.

Thank you,

Emalee Seaman
Corporate Compliance Paralegal
Preferred Professional Insurance Company
11605 Miracle Hills Drive, Suite 200
Omaha, Nebraska 68154
Tel. (402) 392-1566 Ext. 248
Fax (402) 392-2673

10/23/2007

Neuman, Gayle

From: Emalee K. Seaman [eseaman@ppicins.com]
Sent: Tuesday, October 23, 2007 2:39 PM
To: Neuman, Gayle
Subject: RE: Preferred Professional Ins Co - Filing #IL-PS-07-06

Ms. Neuman:

Yes, I did mean Illinois, I just realized today that I typed in the wrong state on the cover letter. I apologize for any confusion.

Thanks,
Emalee Seaman
Corporate Compliance Paralegal
Preferred Professional Insurance Company
11605 Miracle Hills Drive, Suite 200
Omaha, Nebraska 68154
Tel. (402) 392-1566 Ext. 248
Fax (402)392-2673

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Tuesday, October 23, 2007 2:35 PM
To: Emalee K. Seaman
Subject: Preferred Professional Ins Co - Filing #IL-PS-07-06

Ms. Seaman,

We are in receipt of the above referenced filing submitted by your letter dated October 22, 2007. The cover letter indicates PPIC is filing a rate decrease of 10% for its physicians and surgeons rates in Kentucky. Did you actually mean to say Illinois instead of Kentucky? Please confirm your intent.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting any filing. The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

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Gayle.Neuman@illinois.gov

10/23/2007

Property & Casualty Transmittal Document

1. Reserved for Insurance
Dept. Use Only

2. Insurance Department Use only

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

RECEIVED

OCT 23 2007

IDFP (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

3. Group Name

Group NAIC #

4. Company Name(s)

Domicile

NAIC #

FEIN #

State #

Preferred Professional Insurance Company

NE

36234

47-0580977

N/A

5. Company Tracking Number

IL-PS-07-06

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address

Title

Telephone #s

FAX #

e-mail

Emalee Seaman
11605 Miracle Hills Drive,
Suite 200
Omaha, NE 68154Corporate
Compliance
Paralegal800-441-7742,
Ext. 248

402-392-2673

eseaman@ppicins.com

7. Signature of authorized filer

8. Please print name of authorized filer

Emalee Seaman

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)

11.1 Med Mal-Claims Made Only

10. Sub-Type of Insurance (Sub-TOI)

11.1023 Physicians and Surgeons

11. State Specific Product code(s)(if applicable)[See State Specific Requirements]

12. Company Program Title (Marketing title)

Physicians and Surgeons Professional Liability

13. Filing Type

☐ Rate/Loss Cost ☐ Rules ☒ Rates/Rules
☐ Forms ☐ Combination Rates/Rules/Forms
☐ Withdrawal ☐ Other (give description)

14. Effective Date(s) Requested

New: October 23, 2007 Renewal: October 23, 2007

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	October 22, 2007
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	IL-PS-07-06
------------	--	-------------

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

Preferred Professional Insurance Company (PPIC) is filing a rate decrease of 10% for its physicians and surgeons medical malpractice rates in the state of Illinois. Also, contemplated in this filing is a relativity change for employed physicians of 0.85. The relativity change is included in the actuarial support included in this filing.

PPIC is submitting this filing under the use and file provision for rate decreases. PPIC plans to implement these changes with an effective date of October 23, 2007 for new and renewal business.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
------------	---

Check #: N/A
Amount: N/A

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	IL-PS-07-06
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A

☐ Rate Increase☒ Rate Decrease☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Use & File					
4a.	Rate Change by Company (As Proposed)						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Preferred Professional Insurance Company	-10%	-14.7%	-\$156,338	44	1,563,379	N/A	N/A
4b.	Rate Change by Company (As Accepted) For State Use Only						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing – Number of policyholders affected		

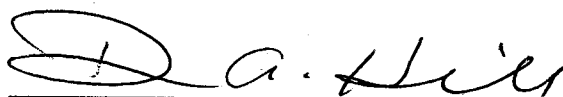
6.	Overall percentage of last rate revision	+25%
7.	Effective Date of last rate revision	1/1/2004
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Use & File

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

CERTIFICATION

Pursuant to Section 215, ILCS 5/155.18 of the Illinois Insurance Code, I, Denise A. Hill, VP, Corporate Compliance Officer, General Counsel, of Preferred Professional Insurance Company (PPIC), do hereby certify that the Physicians and Surgeons claims Made rates being filed for the State of Illinois are based on sound actuarial principles and are not inconsistent with Preferred Professional Insurance Company's experience.

In Witness Whereof, I have hereunto set my hand this 22nd of October, 20 07.



Denise A. Hill

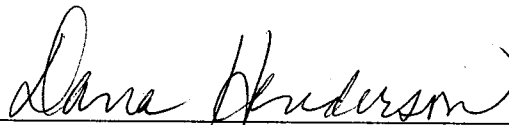
VP, Corporate Compliance Officer, General Counsel
Preferred Professional Insurance Company

STATE OF
COUNTY OF

Nebraska

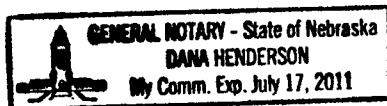
Douglas

On this 22nd day of October, 20 07, Denise A. Hill appeared before me, a Notary Public, and being duly sworn, says that he has read the foregoing statement, and that the statement is true to his best knowledge.



Notary Public

Notary Signature



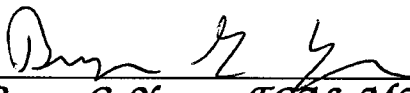
NOTARY SEAL

My Commission Expires: 7-17-11

CERTIFICATION

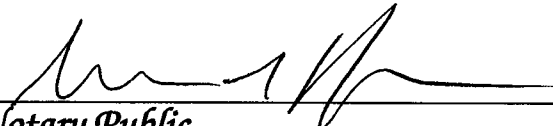
Pursuant to Section 215, ILCS 5/155.18 of the Illinois Insurance Code, I, Bryan G. Young, FCAS, MAAA, Towers Perrin Tillinghast, do hereby certify that the Physicians and Surgeons claims Made rates being filed for the State of Illinois are based on sound actuarial principles and are not inconsistent with Preferred Professional Insurance Company's experience.

In Witness Whereof, I have hereunto set my hand this 19th of October, 20 07.


Bryan G. Young, FCAS, MAAA
Actuarial Consultant
Towers Perrin Tillinghast

STATE OF GEORGIA
COUNTY OF COBB

On this 19th day of OCTOBER, 20 07, Bryan Young appeared before me, a Notary Public, and being duly sworn, says that he has read the foregoing statement, and that the statement is true to his best knowledge.


Notary Public
Notary Signature

Notary Public, Cobb County, Georgia
My Commission Expires March 30, 2010

NOTARY SEAL

My Commission Expires: _____

RECEIVED

OCT 23 2007

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

~~10/22/07~~

1-1-08

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Professional Liability	1,563,379-Medical Malpractice	-10.0
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

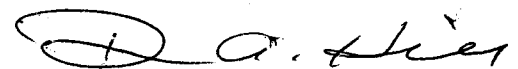
Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

This filing is an overall decrease of 10% to physicians and surgeons claims made rates.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.Preferred Professional
Insurance Company

Name of Company

Denise A. Hill, VP, Corporate
Compliance Officer

Official - Title

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

SUBJECT: PAYROLL EMPLOYEES
LINE OF COVERAGE: HEALTH CARE PROVIDER - OCCURRENCE AND CLAIMS MADE
GUIDELINE NUMBER: UW-38
EFFECTIVE DATE: 07/01/92 REVISION DATE: 07/01/99

A. Shared Limits of Liability for Payroll Employees:

1. Coverage is provided at no charge to the insured physician for his/her liability for the supervision or the acts of payroll employees.
2. Payroll employees are additional insureds under the policy (except physicians, surgeons, certified registered nurse anesthetists, physician or surgical assistants, nurse midwives, podiatrists, and dentists).
3. The excluded payroll employees shown in 2. above may be added for an additional charge. Refer to B below.
4. Payroll employees as additional insureds have coverage restricted to professional acts done as an employee of our insured. There is no coverage for any independent work of the payroll employee insured.
5. Payroll employees will be added to a corporation policy. If the insured is a sole proprietor, the employees may be added to the sole proprietor's policy.
6. Limits of liability are always shared with the corporation, or physician. For separate limits see B. below.
7. Volunteers will be considered as a payroll employee provided that they are not excluded in 2. above.
8. No additional premium is charged.
9. The extended reporting period for the policy to which the payroll employee is attached governs the tail coverage for all payroll employees.

B. Separate Limits of Liability for Payroll Employees and Excluded Payroll Employees

1. Coverage is provided at no charge to the insured physician for his/her liability for the supervision or the acts of all employees.
2. Payroll employees will be endorsed as an additional insured under the policy
3. Payroll employees as additional insureds have coverage restricted to professional acts done as an employee of our insured. There is no coverage for any independent work of the payroll employee insured.

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

SUBJECT: PAYROLL EMPLOYEES
LINE OF COVERAGE: HEALTH CARE PROVIDER - OCCURRENCE AND CLAIMS MADE
GUIDELINE NUMBER: UW-38
EFFECTIVE DATE: 11/01/2007 REVISION DATE: 11/01/2007

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3. The excluded payroll employees shown in 2. above may be added for an additional charge. Refer to B below.
4. Payroll employees as additional insureds have coverage restricted to professional acts done as an employee of our insured. There is no coverage for any independent work of the payroll employee insured.
5. Payroll employees will be added to a corporation policy. If the insured is a sole proprietor, the employees may be added to the sole proprietor's policy.
6. Limits of liability are always shared with the corporation, or physician. For separate limits see B. below.
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1. Coverage is provided at no charge to the insured physician for his/her liability for the supervision or the acts of all employees.
2. Payroll employees will be endorsed as an additional insured under the policy
3. Payroll employees as additional insureds have coverage restricted to professional acts done as an employee of our insured. There is no coverage for any independent work of the payroll employee insured.

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

SUBJECT: PAYROLL EMPLOYEES (Continued)
LINE OF COVERAGE: HEALTH CARE PROVIDER - OCCURRENCE AND CLAIMS MADE
GUIDELINE NUMBER: UW-38
EFFECTIVE DATE: 07/01/92 REVISION DATE: 07/01/99

4. Payroll employees will be added to a corporation policy. If the insured is a sole proprietor, the payroll employees may be added to the sole proprietor's policy.
5. A separate limit of liability will be provided to each payroll employee in which a premium is collected.
6. The premium is determined as follows:
 - a. Determine the at limits rates for a class 1 physician, at the same "claims made" step as the physician the payroll employee does the majority of their work for.
 - b. Based on the specialty of the employee, determine the correct code number and rate percentage. The code # and rate percentage are shown on the following page.
 - c. Multiply the percentage determined by the rate.
7. Minimum premium to add a payroll employee is \$100 per employee.
8. The para-professional employee shall have the option to purchase extended reporting period coverage for the policy to which the coverage is attached.

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

SUBJECT: PAYROLL EMPLOYEES (Continued)
LINE OF COVERAGE: HEALTH CARE PROVIDER - OCCURRENCE AND CLAIMS MADE
GUIDELINE NUMBER: UW-38
EFFECTIVE DATE: 11/01/2007 REVISION DATE: 11/01/2007

4. Payroll employees will be added to a corporation policy. If the insured is a sole proprietor, the payroll employees may be added to the sole proprietor's policy.
5. A separate limit of liability will be provided to each payroll employee in which a premium is collected.
6. The premium is determined as follows:
 - a. Determine the at limits rates for a class 1 physician, at the same "claims made" step as the physician the payroll employee does the majority of their work for.
 - b. Based on the specialty of the employee, determine the correct code number and rate percentage. The code # and rate percentage are shown on the following page.
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8. The para-professional employee shall have the option to purchase extended reporting period coverage for the policy to which the coverage is attached.

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

<u>Code</u>	<u>Specialty Description</u>	<u>% of Class I Rates filed on State Rate Pages Refer to Underwriting</u>
	Dentist	
	Nurse:	
87907	Anesthetist	
	a. Supervised by Surgeon	1.50
	b. Supervised by Anesthesiologists	.75
87908	c. Unsupervised	2.00
87910	Midwife	1.75
	Physician	As shown in Classification Table
87920	Physician Assistant	.25
87921	Podiatrist (surgery)	2.50
87922	Podiatrist (no surgery)	1.75
	Surgeon	As shown in Classification Table
87924	Surgical Assistant	.60
87998	All Other	Refer to Underwriting

- If more than two CRNA's are supervised by one anesthesiologist, refer to Underwriting for rating.

MISCELLANEOUS PROFESSIONALS - PER EMPLOYEE

<u>Description</u>	<u>Class Code</u>	<u>Relativity</u>
Health Sciences - Physicist/Biologist	90101	0.15
Chiropractor	80410	0.60
Chiropractor - Employed	80411	0.25
Chiropractor - Assistant	90304	0.25
Laboratory Services - Supervisor/Director	80711	0.05
Laboratory Services - Medical Technician	80713	0.05
Laboratory Services - X-ray Technician	90401	0.075
Laboratory Services - EEG/EKG/Ultrasound Tech.	87903	0.075
Dietician or Nutritionist	91402	0.50
Midwife Assistant	80998	0.025
Nursing Services - Nurse	91504	0.02
Nursing Services - Aide/Homemaker	91509	0.40
Nursing Services - Student Nurse Anesthetist	91510	1.30
Nursing Services - RN Anesthetist	91601	0.60
Occupational Therapist	91602	0.35
Optician	87916	0.075

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

<u>Code</u>	<u>Specialty Description</u>	<u>% of Class I Rates filed on State Rate Pages Refer to Underwriting</u>
	Dentist	
	Nurse:	
87907	Anesthetist	
	a. Supervised by Surgeon	1.50
	b. Supervised by Anesthesiologists	.75
87908	c. Unsupervised	2.00
87910	Midwife	1.75
	Physician	As shown in Classification Table
	Employed Physician	0.85 of practicing specialty as shown in the Classification Table
87920	Physician Assistant	.25
87921	Podiatrist (surgery)	2.50
87922	Podiatrist (no surgery)	1.75
	Surgeon	As shown in Classification Table
87924	Surgical Assistant	.60
87998	All Other	Refer to Underwriting

- If more than two CRNA's are supervised by one anesthesiologist, refer to Underwriting for rating.

MISCELLANEOUS PROFESSIONALS - PER EMPLOYEE

<u>Description</u>	<u>Class Code</u>	<u>Relativity</u>
Health Sciences - Physicist/Biologist	90101	0.15
Chiropractor	80410	0.60
Chiropractor - Employed	80411	0.25
Chiropractor - Assistant	90304	0.25
Laboratory Services - Supervisor/Director	90401	0.075
Laboratory Services - Medical Technician	80711	0.05
Laboratory Services - X-ray Technician	80713	0.05
Laboratory Services - EEG/EKG/Ultrasound Tech.	90405	0.075
Dietician or Nutritionist	87903	0.075
Midwife Assistant	91402	0.50
Nursing Services - Nurse	80998	0.025
Nursing Services - Aide/Homemaker	91504	0.02
Nursing Services - Student Nurse Anesthetist	91509	0.40
Nursing Services - RN Anesthetist	91510	1.30
Occupational Therapist	91601	0.60

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

Optometrist	80994	0.075
Optometrist - Employed	80944	0.025
Optometry-Assistant/Technician	91802	0.15
Optimalogic Technician	87926	0.10
Orthotics/Prosthetist - Fitting Only	91901	0.50
Prosthetist	87927	0.75
Pharmacist	59112	0.10
Pharmacist Assistant	92002	0.075
Physical Therapist - Owner	80995	0.15
Physician Therapy-Assistant/Aide/Technician	92102	0.05
Physical Therapist - Employed	92103	0.075
Physician Extender - Nurse Practitioner	92201	0.40
Physician Extender-Phys/Surg/Anesth. Assistant	92202	0.50
Physician Extender - Perfusionist	92203	1.25
Psychologist	92401	0.35
Respiratory Therapist	92601	0.50
Respiratory Therapist - Aide/Assistant/Tech	92602	0.35
Social Worker	87905	0.10
Health Services NOC - Paramedic/EMT	93105	0.25
Health Services NOC - Medical Office Assistant	93106	0.035
Health Services NOC - Operating Room Technician	93107	0.075
Dentist - Hygienist	93201	0.10
Dentist - NOC	93202	0.60
Dentistry - Oral Surgeon	80210	Class 5
Dental Anesthesia	93211	2.00
Dentistry - Orthodontist	93212	0.60
Dentistry - Pedodontist	93213	0.60
Dentistry - Periodontist	93214	0.60
Dentistry - Prosthodontist	93215	0.60
Dentistry - Endodontist	93216	0.60
Dentistry - Oral Pathologist	93217	0.60
Dentistry - Public Health	93218	0.60
Dentistry - AAOMS Member	93219	1.50
Dentistry - Other than Oral Surgeons	93220	1.50
X-Ray Therapy	80714	0.025
Chiropractist	80993	0.075
Chiropractist - Employed	80943	0.025
OR Technician	87914	0.35
Scrub Nurse	87912	0.35

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

Occupational Therapist - Assistant	91602	0.35
Optician	87916	0.075
Optometrist	80994	0.075
Optometrist - Employed	80944	0.025
Optometry-Assistant/Technician	91802	0.15
Optimalogic Technician	87926	0.10
Orthotics/Prosthetist - Fitting Only	91901	0.50
Prosthetist	87927	0.75
Pharmacist	59112	0.10
Pharmacist Assistant	92002	0.075
Physical Therapist - Owner	80995	0.15
Physician Therapy-Assistant/Aide/Technician	92102	0.05
Physical Therapist - Employed	92103	0.075
Physician Extender - Nurse Practitioner	92201	0.40
Physician Extender-Phys/Surg/Anesth. Assistant	92202	0.50
Physician Extender - Perfusionist	92203	1.25
Psychologist	92401	0.35
Respiratory Therapist	92601	0.50
Respiratory Therapist - Aide/Assistant/Tech	92602	0.35
Social Worker	87905	0.10
Health Services NOC - Paramedic/EMT	93105	0.25
Health Services NOC - Medical Office Assistant	93106	0.035
Health Services NOC - Operating Room Technician	93107	0.075
Dentist - Hygienist	93201	0.10
Dentist - NOC	93202	0.60
Dentistry - Oral Surgeon	80210	Class 5
Dental Anesthesia	93211	2.00
Dentistry - Orthodontist	93212	0.60
Dentistry - Pedodontist	93213	0.60
Dentistry - Periodontist	93214	0.60
Dentistry - Prosthodontist	93215	0.60
Dentistry - Endodontist	93216	0.60
Dentistry - Oral Pathologist	93217	0.60
Dentistry - Public Health	93218	0.60
Dentistry - AAOMS Member	93219	1.50
Dentistry - Other than Oral Surgeons	93220	1.50
X-Ray Therapy	80714	0.025
Chiropractist	80993	0.075
Chiropractist - Employed	80943	0.025
OR Technician	87914	0.35
Scrub Nurse	87912	0.35

Neuman, Gayle

From: Emalee K. Seaman [eseaman@ppicins.com]
Sent: Wednesday, November 14, 2007 12:07 PM
To: Neuman, Gayle
Subject: RE: Preferred Professional Ins Co - Filing #IL-PS-07-06
Attachments: Final Rule Manual.pdf

Ms. Neuman:

We apologize for the confusion of the page numbers. We have revised the page numbers from the 11/1/07 filing and I am attaching a complete manual with all the changes that have been made. Please let me know if there is anything else we need to do to receive approval of our rate and rule filing.

Thank you,

Emalee Seaman
 Corporate Compliance Paralegal
 Preferred Professional Insurance Company
 11605 Miracle Hills Drive, Suite 200
 Omaha, Nebraska 68154
 Tel. (402) 392-1566 Ext. 248
 Fax (402)392-2673

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Wednesday, November 14, 2007 9:48 AM
To: Emalee K. Seaman
Subject: Preferred Professional Ins Co - Filing #IL-PS-07-06

Ms. Seaman,

At this time, you have addressed all the issues. However, I have one last basic question about page numbering. When I requested information on territory definitions and additional liability limits on 11/1/07, you provided pages numbered 45 and 46. Pages 45 and 46 that were received with the filing on 10/23/07 seem to contain information required in the filing. It seems you have possibly reused the same page numbers. Please advise at your earliest convenience.

Gayle Neuman
 Property & Casualty Compliance, Division of Insurance
 Illinois Department of Financial & Professional Regulation
 (217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting any filing. The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3
 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

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Gayle.Neuman@illinois.gov

11/14/2007

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

SUBJECT: TERRITORIAL DEFINITIONS	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-43	
EFFECTIVE DATE: 11/01/2007	REVISION DATE: 11/01/2007

Illinois Territorial Definitions

TERRITORY 1

The following Counties: Champaign, Macon, Sangamon

TERRITORY 2

The following Counties: Coles, DeKalb, LaSalle, Ogle, Randolph, Winnebago

TERRITORY 3

The following Counties: Cook, Madison, St. Clair

TERRITORY 4

The following Counties: DuPage, Kane, McHenry

TERRITORY 5

The following Counties: Jackson, Vermillion

TERRITORY 6

The following Counties: Kankakee

TERRITORY 7

The following Counties: Lake

TERRITORY 8: Remainder of State

TERRITORY 9

The following Counties: Will

* Independent Cities within the county described above are also included in the territory designated.

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

SUBJECT: INCREASED LIMIT FACTORS	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-44	
EFFECTIVE DATE: 11/01/2007	REVISION DATE: 11/01/2007

The following multipliers will apply to the Company's 100/300 Mature Claims-Made base rates for Physicians not performing major surgery in classes 1 through 4:

Limits (\$000s)	Factor
100/300	1.000
200/600	1.270
250/750	1.370
500/1,500	1.760
1,000/3,000	2.200
2,000/4,000	2.690

The following multipliers will apply to the Company's 100/300 Mature Claims-Made base rates for Physicians performing major surgery in classes 5A through 8:

Limits (\$000s)	Factor
100/300	1.000
200/600	1.310
250/750	1.430
500/1,500	1.900
1,000/3,000	2.480
2,000/4,000	3.030

Actuarial equivalents apply to all other limits not specifically shown.

Neuman, Gayle

From: Emalee K. Seaman [eseaman@ppicins.com]
Sent: Wednesday, November 14, 2007 8:45 AM
To: Neuman, Gayle
Subject: RE: Preferred Professional Ins Co - Filing #IL-PS-07-06
Attachments: Response Cvr Ltr 3.pdf

Ms. Neuman:

I am attaching a letter that explains what you have questioned below. Thank you for your continued consideration of our filing.

Thank you,
Emalee Seaman
Corporate Compliance Paralegal
Preferred Professional Insurance Company
11605 Miracle Hills Drive, Suite 200
Omaha, Nebraska 68154
Tel. (402) 392-1566 Ext. 248
Fax (402)392-2673

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Thursday, November 08, 2007 1:29 PM
To: Emalee K. Seaman
Subject: Preferred Professional Ins Co - Filing #IL-PS-07-06

Ms. Seaman,

Thank you for your response dated November 6, 2007.

On page 46 of the manual is information on the increased limit factors. There are separate factors for physicians for the different classes. On the rate pages, different classes are charged different rates. Now, on the increased limit factors page, it seems they are again being assessed a charge for the same characteristic - that of major surgery. Please explain.

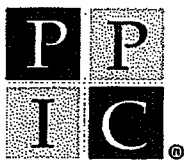
We request receipt of your response by no later than November 15, 2007.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting any filing. The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

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11/14/2007



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coverage and caring®*

November 14, 2007

Ms. Gayle Neuman
Property & Casualty Compliance
Illinois Division of Insurance
320 West Washington Street
Springfield, IL 62767-0001

**RE: Preferred Professional Insurance Company
NAIC #: 36234
Physicians & Surgeons Professional Liability
Policy Forms & Endorsements-Rule Manual
IL-PS-07-06**

*Preferred Professional
Insurance Company*

*11605 Miracle Hills Drive
Suite 200
Omaha, NE 68154-4467
Tel 402.392.1566
Fax 402.392.2673
www.ppicins.com*

Dear Ms. Neuman:

The rate pages show rates for each class based on the 100,000/300,000 limit class relativity. A class 1 has a class relativity of 1.00 while a class 7 (OB/GYN) has a relativity of 6.00. If you review the first rate page for Territory 1 the mature rate at 100,000/300,000 for a class one is \$8,190 and for a class 7 at the same base rate the premium is \$49,140. A class 7 has a relativity factor of 6.00 so $\$8,190 \times 6.00 = \$49,140$. The relativities used to express the base rates on the rate pages were determined by our actuaries and were determined at base limits of 100,000/300,000.

The Increase limits factors posted on page 46 of the manual pages are applied to each class. Those classes performing major surgery (5-8) have a higher increase limit factor to reflect the severity component of these specialties.

I hope we have explained this well enough. If you should have any more questions, please free to email me. Thank you for your continued consideration of our filing.

Sincerely,

Emalee Seaman
Corporate Compliance Paralegal

Enclosures

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enhancing Catholic
health care by being
a unique insurance
resource for health
care providers*

Neuman, Gayle

From: Emalee K. Seaman [eseaman@ppicins.com]
Sent: Tuesday, November 06, 2007 9:35 AM
To: Neuman, Gayle
Subject: RE: Preferred Professional Ins Co - Filing #IL-PS-07-06
Attachments: Response Cvr Ltr 2.pdf; Revised Rate Pages.pdf; Revised Rules 2.pdf; Side by Side Comparisons of Revised Rules 2.pdf

Ms. Neuman:

Attached you will find a cover letter in response to your concerns. I am also attaching a couple new manual pages and revised manual pages along with our rate pages. I did make side by side comparisons of the revised manual pages and I am attaching those. Thank you for your continued consideration of our filing.

Sincerely,

Emalee Seaman
 Corporate Compliance Paralegal
 Preferred Professional Insurance Company
 11605 Miracle Hills Drive, Suite 200
 Omaha, Nebraska 68154
 Tel. (402) 392-1566 Ext. 248
 Fax (402)392-2673

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Thursday, November 01, 2007 3:40 PM
To: Emalee K. Seaman
Subject: Preferred Professional Ins Co - Filing #IL-PS-07-06

Ms. Seaman,

Upon review of your November 1, 2007 response, we request you address the following issues:

1. Where are the rating territories defined?
2. Previously, rate pages did not distinguish between "employed" and "non-employed" physicians and surgeons. Are there separate rates for each? Will the "non-employed" replace the previously filed manual pages that were effective January 1, 2004?
3. Is there more than one set of liability limits (100,000/300,000) available? In the previously filed version of this manual, 1M/3M was available. If the 1M/3M limits are still available, where are the factors that would be applied? If only 100,000/300,000 is available now, how does this affect insureds who previously had the higher limits?
4. On page 9, we request the manual indicate that there is no interest charge or installment charge.
5. On page 10, paragraph B was also changed although such changes were not highlighted. Paragraph B should be changed to indicate that the extended reporting period (e.r.p.) must be offered when the policy is cancelled or nonrenewed for any reason including nonpayment of premium, and whether the policy is cancelled by the company or at the insured's request. Additionally, there is still no language to indicate if the insured will be offered a 12 month e.r.p. or an unlimited e.r.p. The e.r.p. premium must be priced as a factor of one of the following: (1) the last twelve months premium; (2) the premium in effect at policy issuance; or (3) the expiring annual premium. The factors provided

11/6/2007

would indicate the insured's premium is again affected by the maturity year.

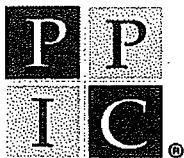
We request receipt of your response by November 9, 2007.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting any filing. The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

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Gayle.Neuman@illinois.gov

11/6/2007



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coverage and caring®*

November 6, 2007

Ms. Gayle Neuman
Property & Casualty Compliance
Illinois Division of Insurance
320 West Washington Street
Springfield, IL 62767-0001

**RE: Preferred Professional Insurance Company
NAIC #: 36234
Physicians & Surgeons Professional Liability
Policy Forms & Endorsements-Rule Manual
IL-PS-07-06**

*Preferred Professional
Insurance Company
11605 Miracle Hills Drive
Suite 200
Omaha, NE 68154-4467
Tel 402 392 1566
Fax 402 392 2673
www.ppicons.com*

Dear Ms. Neuman:

Per your letter, we have made the requested changes to our Physicians & Surgeons Rule Manual. The necessary changes are attached for your review.

For Item 1, I have attached page 45 that defines the territories in Illinois.

For Item 2, we had initially put non-employed at the top to reflect the employed relativity rule change that was also made with this filing. However, we understand how this caused confusion and we have removed non-employed from the rate pages.

In regards to Item 3, we have added page 46 to the manual that shows all the limits of liability that PPIC has available.

For Item 4, we have added the word interest, so the manual page states, "with no interest or installment charge".

In Item 5, we have amended paragraph B on page 10, to address your concerns on the duration of the ERP and that the ERP must be offered regardless of who cancels the policy and for what reason. We have also amended paragraph G to specify more clearly that the ERP factors are applied to the expiring annual premium. We have also added that the insured will be notified of this at policy inception.

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enhancing Catholic
health care by being
a unique insurance
resource for health
care providers*

Ms. Gayle Neuman
November 6, 2007
Page two

I hope we have made all the necessary changes. If you should have any more questions, please free to email me. Thank you for your continued consideration of our filing.

Sincerely,

A handwritten signature in cursive script that reads "Emalee Seaman". The signature is written in black ink and is positioned above the printed name.

Emalee Seaman
Corporate Compliance Paralegal

Enclosures

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

SUBJECT: PREMIUM PAYMENTS	
LINE OF COVERAGE: HEALTH CARE PROVIDERS – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-08	
EFFECTIVE DATE: 11/01/2007	REVISION DATE: 11/01/2007

- A. Premium may be paid annually or quarterly, with no installment charge. Quarterly premiums require an initial deposit of 25% of the total premium at inception. The remaining premium will be spread equally among the 2nd, 3rd and 4th installments. Installment billing dates are January 1, April 1, July 1, and October 1. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.
- B. If the full annual premium is paid in advance, a 2% premium reduction will be applied. (Applicable in states where filed and approved only)

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

SUBJECT: EXTENDED REPORTING PERIOD COVERAGE (ERP) – NON-SLOT-RATED	
LINE OF COVERAGE: HEALTH CARE PROVIDER – CLAIMS MADE	
GUIDELINE NUMBER: UW-09	
EFFECTIVE DATE: 11/01/2007	REVISION DATE: 11/01/2007

- A. A supplemental aggregate limit of liability is available for an extra premium charge. The supplemental aggregate limit of liability provided is equal to the limit of liability provided by the policy that the extended reporting endorsement is attached to.
- B. Physicians and their professional corporations choosing not to continue a claims-made contract with the Company shall be given the opportunity to purchase extended reporting period coverage. A written request and payment for the extended reporting period coverage must be received in our office within 60 days of the termination of the policy.
- C. Once in effect, an extended reporting period cannot be cancelled. The premium is fully earned upon receipt.
- D. Extended reporting period coverage may be provided at no charge for the following reasons:
1. The death of the health care provider;
 2. The health care provider becomes continuously and permanently disabled and is unable to carry out his/her profession or practice as a physician, surgeon, dentist or other Health Care Provider.
 3. The health care provider retires permanently from the profession or practice as a physician, surgeons, dentist, or other health care provider after accumulating five or more years of claims-made coverage from PPIC.
 4. The health care provider retires permanently as a result of suffering a terminal disease with no known cure.
- This "no charge" extended reporting period does not reinstate or increase the limits of insurance available. (If the insured desires a "new" supplemental aggregate limit of liability, this may be purchased. See item A above.)
- E. Unless otherwise specified, miscellaneous professional employee's share in the limits purchased for the corporation, if any. No additional charge is made for miscellaneous professional employees.
- F. Any credit or debit applied to the policy premium will also apply to the extended reporting period premium.
- G. For an extended reporting period:
1. Number of PL Exposures x PL Base Rate at expiration x PL ILF x PL Territorial Factor x Business Type Adjustment Factor x PL Extended Reporting Period Factor x any applicable schedule debits/credits
 2. ERP factors based on expiring premium. ERP factors are:

1 st year claims made:	2.28
2 nd year claims made:	2.00
3 rd year claims made:	1.82
4 th year claims made:	1.77
5 th year claims made:	1.63

 ERP premiums are prorated.

PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES

SUBJECT: PREMIUM PAYMENTS
LINE OF COVERAGE: HEALTH CARE PROVIDERS - OCCURRENCE AND CLAIMS MADE
GUIDELINE NUMBER: UW-08
EFFECTIVE DATE: 11/01/2007
REVISION DATE: 11/01/2007

- A. Premium may be paid annually or quarterly, with no installment charge. Quarterly premiums require an initial deposit of 25% of the total premium at inception. The remaining premium will be spread equally among the 2nd, 3rd and 4th installments. Installment billing dates are January 1, April 1, July 1, and October 1. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.
- B. If the full annual premium is paid in advance, a 2% premium reduction will be applied. (Applicable in states where filed and approved only)

PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES

SUBJECT: PREMIUM PAYMENTS
LINE OF COVERAGE: HEALTH CARE PROVIDERS - OCCURRENCE AND CLAIMS MADE
GUIDELINE NUMBER: UW-08
EFFECTIVE DATE: 11/01/2007
REVISION DATE: 11/01/2007

- A. Premium may be paid annually or quarterly, with no interest or installment charge. Quarterly premiums require an initial deposit of 25% of the total premium at inception. The remaining premium will be spread equally among the 2nd, 3rd and 4th installments. Installment billing dates are January 1, April 1, July 1, and October 1. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.
- B. If the full annual premium is paid in advance, a 2% premium reduction will be applied. (Applicable in states where filed and approved only)

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

SUBJECT: EXTENDED REPORTING PERIOD COVERAGE (ERP) - NON-SLOT-RATED
LINE OF COVERAGE: HEALTH CARE PROVIDER - CLAIMS MADE
GUIDELINE NUMBER: UW-09
EFFECTIVE DATE: 11/01/2007 REVISION DATE: 11/01/2007

- A. A supplemental aggregate limit of liability is available for an extra premium charge. The supplemental aggregate limit of liability provided is equal to the limit of liability provided by the policy that the extended reporting endorsement is attached to. Physicians and their professional corporations choosing not to continue a claims-made contract with the Company shall be given the opportunity to purchase extended reporting period coverage. A written request and payment for the extended reporting period coverage must be received in our office within 60 days of the termination of the policy. Once in effect, an extended reporting period cannot be cancelled. The premium is fully earned upon receipt.
- D. Extended reporting period coverage may be provided at no charge for the following reasons:
1. The death of the health care provider;
 2. The health care provider becomes continuously and permanently disabled and is unable to carry out his/her profession or practice as a physician, surgeon, dentist or other Health Care Provider.
 3. The health care provider retires permanently from the profession or practice as a physician, surgeons, dentists, or other health care provider after accumulating five or more years of claims-made coverage from PPIC.
 4. The health care provider retires permanently as a result of suffering a terminal disease with no known cure.

This "no charge" extended reporting period does not reinstate or increase the limits of insurance available. (If the insured desires a "new" supplemental aggregate limit of liability, this may be purchased. See item A above.) Unless otherwise specified, miscellaneous professional employee's share in the limits purchased for the corporation, if any. No additional charge is made for miscellaneous professional employees.

- F. Any credit or debit applied to the policy premium will also apply to the extended reporting period premium.

- G. For an extended reporting period:

1. Number of PL Exposures x PL Base Rate at expiration x PL ILF x PL Territorial Factor x Business Type Adjustment Factor x PL Extended Reporting Period Factor x any applicable schedule debits/credits
2. ERP factors based on expiring premium. ERP factors are:

1 st year claims made:	2.28
2 nd year claims made:	2.00
3 rd year claims made:	1.82
4 th year claims made:	1.77
5 th year claims made:	1.63

ERP premiums are prorated.

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

SUBJECT: EXTENDED REPORTING PERIOD COVERAGE (ERP) - NON-SLOT-RATED
LINE OF COVERAGE: HEALTH CARE PROVIDER - CLAIMS MADE
GUIDELINE NUMBER: UW-09
EFFECTIVE DATE: 11/01/2007 REVISION DATE: 11/01/2007

- A. A supplemental aggregate limit of liability is available for an extra premium charge. The supplemental aggregate limit of liability provided is equal to the limit of liability provided by the policy that the extended reporting endorsement is attached to.
- B. An extended reporting period of unlimited duration will be offered when a policy is cancelled or nonrenewed for any reason, including nonpayment of premium, and whether the policy is cancelled by the company or at the insured's request. A written request and payment for the extended reporting period coverage must be received in our office within 60 days of the termination of the policy.
- C. Once in effect, an extended reporting period cannot be cancelled. The premium is fully earned upon receipt.
- D. Extended reporting period coverage may be provided at no charge for the following reasons:
1. The death of the health care provider;
 2. The health care provider becomes continuously and permanently disabled and is unable to carry out his/her profession or practice as a physician, surgeon, dentist or other Health Care Provider.
 3. The health care provider retires permanently from the profession or practice as a physician, surgeons, dentist, or other health care provider after accumulating five or more years of claims-made coverage from PPIC.
 4. The health care provider retires permanently as a result of suffering a terminal disease with no known cure.

This "no charge" extended reporting period does not reinstate or increase the limits of insurance available. (If the insured desires a "new" supplemental aggregate limit of liability, this may be purchased. See item A above.) Unless otherwise specified, miscellaneous professional employee's share in the limits purchased for the corporation, if any. No additional charge is made for miscellaneous professional employees.

- F. Any credit or debit applied to the policy premium will also apply to the extended reporting period premium.

- G. For an extended reporting period, ERP factors are based on expiring annual premium. ERP factors are:

1 st year claims made:	2.28
2 nd year claims made:	2.00
3 rd year claims made:	1.82
4 th year claims made:	1.77
5 th year claims made:	1.63

ERP premiums are prorated.

The anticipated ERP premium will be shared with the insured at the time the coverage is purchased.

Neuman, Gayle

From: Emalee K. Seaman [eseaman@ppicins.com]
Sent: Friday, November 02, 2007 8:50 AM
To: Neuman, Gayle
Subject: RE: Preferred Professional Ins Co - Filing #IL-PS-07-06

Ms. Neuman,

I think we have figured out what was filed to be effective 1/1/04. So, please disregard my previous email. We will respond to your concerns about the filing we made to be effective 1/1/08.

Thanks,

Emalee Seaman
Corporate Compliance Paralegal
Preferred Professional Insurance Company
11605 Miracle Hills Drive, Suite 200
Omaha, Nebraska 68154
Tel. (402) 392-1566 Ext. 248
Fax (402)392-2673

From: Emalee K. Seaman
Sent: Thursday, November 01, 2007 4:17 PM
To: 'Neuman, Gayle'
Subject: RE: Preferred Professional Ins Co - Filing #IL-PS-07-06

Ms. Neuman,

We are confused on Question 2, where you reference manual pages that were effective January 1, 2004. From our filing records we thought that our manual had been made with a rate filing in 2003 and that the rate filing had been withdrawn. We have no records of our manual being approved for 1/1/04. If it was approved then all we would need to do was add the employed relativity rule to that manual because the 2004 manual would be more current than the one we sent you. Could you please let us know if we did have our manual approved in 2004. The lady who would have made the filing no longer works here. It may be easier to discuss this over the phone, so if you would like to call me tomorrow, I will be in from 8-4. We would like our rate decrease to be approved, so please advise on how we should proceed from here.

Thank you,

Emalee Seaman
Corporate Compliance Paralegal
Preferred Professional Insurance Company
11605 Miracle Hills Drive, Suite 200
Omaha, Nebraska 68154
Tel. (402) 392-1566 Ext. 248
Fax (402)392-2673

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Thursday, November 01, 2007 3:40 PM
To: Emalee K. Seaman
Subject: Preferred Professional Ins Co - Filing #IL-PS-07-06

11/2/2007

Ms. Seaman,

Upon review of your November 1, 2007 response, we request you address the following issues:

1. Where are the rating territories defined?
2. Previously, rate pages did not distinguish between "employed" and "non-employed" physicians and surgeons. Are there separate rates for each? Will the "non-employed" replace the previously filed manual pages that were effective January 1, 2004?
3. Is there more than one set of liability limits (100,000/300,000) available? In the previously filed version of this manual, 1M/3M was available. If the 1M/3M limits are still available, where are the factors that would be applied? If only 100,000/300,000 is available now, how does this affect insureds who previously had the higher limits?
4. On page 9, we request the manual indicate that there is no interest charge or installment charge.
5. On page 10, paragraph B was also changed although such changes were not highlighted. Paragraph B should be changed to indicate that the extended reporting period (e.r.p.) must be offered when the policy is cancelled or nonrenewed for any reason including nonpayment of premium, and whether the policy is cancelled by the company or at the insured's request. Additionally, there is still no language to indicate if the insured will be offered a 12 month e.r.p. or an unlimited e.r.p. The e.r.p. premium must be priced as a factor of one of the following: (1) the last twelve months premium; (2) the premium in effect at policy issuance; or (3) the expiring annual premium. The factors provided would indicate the insured's premium is again affected by the maturity year.

We request receipt of your response by November 9, 2007.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting any filing. The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

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11/2/2007

Neuman, Gayle

From: Emalee K. Seaman [eseaman@ppicins.com]
Sent: Thursday, November 01, 2007 8:49 AM
To: Neuman, Gayle
Subject: RE: Preferred Professional Ins Co - Filing #IL-PS-07-06
Attachments: Rate Pages.pdf

Ms. Neuman:

I forgot to attach the rate pages that were questioned in Item 1. So here they are.

Thanks,
Emalee Seaman
Corporate Compliance Paralegal
Preferred Professional Insurance Company
11605 Miracle Hills Drive, Suite 200
Omaha, Nebraska 68154
Tel. (402) 392-1566 Ext. 248
Fax (402)392-2673

From: Emalee K. Seaman
Sent: Thursday, November 01, 2007 8:46 AM
To: 'Neuman, Gayle'
Subject: RE: Preferred Professional Ins Co - Filing #IL-PS-07-06

Dear Ms. Neuman:

I am attaching a cover letter and our revised rule pages, including side by side comparisons of the changes we have made. If you would like me to send a copy of all this in the mail please let me know.

Thank you,

Emalee Seaman
Corporate Compliance Paralegal
Preferred Professional Insurance Company
11605 Miracle Hills Drive, Suite 200
Omaha, Nebraska 68154
Tel. (402) 392-1566 Ext. 248
Fax (402)392-2673

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Wednesday, October 24, 2007 1:06 PM
To: Emalee K. Seaman
Subject: Preferred Professional Ins Co - Filing #IL-PS-07-06

Ms. Seaman,

We are reviewing the above referenced filing. We request your response to the following questions and/or issues:

1. Where are the pages indicating the base rates? With the 10% rate decrease, such pages must be updated and filed.

11/1/2007

2. All companies writing medical liability insurance in Illinois shall file a plan to offer each medical liability insured the option to make premium payments, in at least quarterly installments. Insurers may, but are not required to, offer such premium installment plans to insureds whose annual premiums are less than \$500, or for premium for any extension of a reporting period. Quarterly installment premium payment plans shall be included in the initial offer of the policy, or in the first policy renewal occurring after January 1, 2006. Thereafter, the insurer may, but need not re-offer such payment plan, but if an insured requests such payment plan at a later date, the insurer must make it available. All quarterly installment premium payment plan provisions shall be contained in the filed rate and/or rule manual in a section entitled, "Quarterly Installment Option" or a substantially similar title. If the company uses a substantially similar title, the Rule Submission Letter must indicate the name of the section that complies with this requirement. All quarterly installment premium payment plans shall include the minimum standards listed below. Insurers may provide for quarterly installment premium payment plans that differ from these minimum standards, as long as such plans have terms that are at least as or more favorable than those listed below.

- a) An initial payment of no more than 40% of the estimated total premium due at policy inception;
- b) The remaining premium spread equally among the second, third, and fourth installments, with the maximum for such installments set at 30% of the estimated total premium, and due 3, 6, and 9 months from policy inception, respectively;
- c) No interest charges;
- d) Installment charges or fees of no more than 1% of the total premium or \$25.00, whichever is less;
- e) A provision stating that additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.

3. On page 10 of the manual under Extended Reporting Period Coverage - Non-Slot-Rated, you should make your initial reference to show the term "tail" used later in the manual is referring to the extended reporting period. The extended reporting period (e.r.p.) must be offered when the policy is cancelled or nonrenewed for any reason including nonpayment of premium, and whether the policy is cancelled by the company or at the insured's request. Pursuant to Company Bulletin CB88-50, the company must offer an e.r.p. of at least 12 months on claims-made policies. The insured must be allowed 30 days after the end of the policy period to purchase the e.r.p. Extended reporting period (tail coverage) premium must be priced as a factor of one of the following: (1) the last twelve months premium; (2) the premium in effect at policy issuance; or (3) the expiring annual premium. The form must list the factor(s) to be used to figure the premium, which of the three premiums the factor will be applied to, and any credits, discounts, etc. that will be added or removed when determining the final premium. The company must inform the insured of the e.r.p. premium at the time the last policy is purchased. The company may not wait until the insured requests purchase of the e.r.p. coverage to tell the insured what the premium will be or how the premium will be calculated.

4. On page 35 of the manual under Deductibles, is there an aggregate amount or limit for the insured during each policy period?

5. On page 36 of the manual under Clinics, D. states use "5%/10%" - please explain.

6. On page 44, B. indicates prior to a slot-rated program being issued, the insured must indicate they will purchase prior acts coverage. However, I. states PPIC will not offer prior acts coverage on a slot-rated program. Please explain.

7. Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?

We request receipt of your response by no later than November 2, 2007.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

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PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
Non-Employed Claims-Made Rates
\$100,000 / \$300,000 Limits
Illinois
Territory 1

<u>Class</u>	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>Mature</u>
1A	\$1,572	\$3,407	\$5,307	\$6,028	\$6,552
1	1,966	4,259	6,634	7,535	8,190
2	2,948	6,388	9,951	11,302	12,285
3	3,853	8,347	13,002	14,768	16,052
4	5,307	11,499	17,912	20,344	22,113
5A	4,265	9,242	14,396	16,351	17,772
5	7,607	16,482	25,673	29,160	31,695
6	9,887	21,422	33,369	37,900	41,196
7	11,794	25,553	39,803	45,209	49,140
8	16,118	34,922	54,398	61,785	67,158

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability

Non-Employed Claims-Made Rates

\$100,000 / \$300,000 Limits

Illinois

Territory 2, 6, 8

<u>Class</u>	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>Mature</u>
1A	\$1,081	\$2,342	\$3,649	\$4,144	\$4,505
1	1,351	2,928	4,561	5,180	5,631
2	2,027	4,392	6,841	7,770	8,446
3	2,649	5,739	8,939	10,153	11,036
4	3,649	7,905	12,314	13,986	15,203
5A	2,932	6,354	9,897	11,241	12,218
5	5,230	11,331	17,650	20,047	21,791
6	6,797	14,727	22,941	26,056	28,322
7	8,108	17,568	27,365	31,081	33,784
8	11,081	24,009	37,399	42,477	46,171

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability

Non-Employed Claims-Made Rates

\$100,000 / \$300,000 Limits

Illinois

Territory 3, 9

<u>Class</u>	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>Mature</u>
1A	\$1,966	\$4,259	\$6,634	\$7,535	\$8,190
1	2,457	5,324	8,292	9,419	10,238
2	3,686	7,985	12,439	14,128	15,356
3	4,816	10,434	16,253	18,460	20,066
4	6,634	14,373	22,389	25,430	27,641
5A	5,332	11,552	17,994	20,438	22,215
5	9,509	20,602	32,091	36,450	39,619
6	12,359	26,777	41,711	47,375	51,495
7	14,742	31,941	49,754	56,511	61,425
8	20,147	43,653	67,997	77,232	83,948

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability

Non-Employed Claims-Made Rates

\$100,000 / \$300,000 Limits

Illinois

Territory 4, 5, 7

<u>Class</u>	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>Mature</u>
1A	\$1,769	\$3,833	\$5,971	\$6,781	\$7,371
1	2,211	4,791	7,463	8,477	9,214
2	3,317	7,187	11,195	12,715	13,821
3	4,334	9,391	14,628	16,614	18,059
4	5,971	12,936	20,150	22,887	24,877
5A	4,799	10,397	16,195	18,394	19,994
5	8,558	18,542	28,882	32,805	35,657
6	11,123	24,099	37,540	42,638	46,345
7	13,268	28,747	44,779	50,860	55,283
8	18,133	39,287	61,198	69,509	75,553

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
Non-Employed Extended Reporting Endorsement
\$100,000 / \$300,000 Limits
Illinois
Territory 1

Class	Years Retroactive Date Precedes Policy Expiration Date							
	0.5	1	1.5	2	2.5	3	3.5	4+
1A	\$2,968	\$5,392	\$7,070	\$8,740	\$9,428	\$10,110	\$10,405	\$10,699
1	3,710	6,740	8,837	10,925	11,785	12,637	13,006	13,374
2	5,565	10,111	13,256	16,388	17,678	18,956	19,509	20,061
3	7,272	13,211	17,321	21,414	23,099	24,769	25,491	26,214
4	10,017	18,199	23,860	29,499	31,821	34,120	35,115	36,111
5A	8,051	14,627	19,176	23,708	25,574	27,423	28,222	29,022
5	14,358	26,085	34,199	42,282	45,610	48,906	50,332	51,758
6	18,662	33,904	44,450	54,955	59,281	63,565	65,419	67,273
7	22,260	40,442	53,022	65,553	70,712	75,823	78,034	80,246
8	30,423	55,271	72,463	89,589	96,640	103,625	106,647	109,669

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
Non-Employed Extended Reporting Endorsement
\$100,000 / \$300,000 Limits
Illinois
Territory 2, 6, 8

Class	Years Retroactive Date Precedes Policy Expiration Date							
	0.5	1	1.5	2	2.5	3	3.5	4+
1A	\$2,041	\$3,707	\$4,860	\$6,009	\$6,482	\$6,950	\$7,153	\$7,356
1	2,551	4,634	6,075	7,511	8,102	8,688	8,941	9,195
2	3,826	6,951	9,113	11,267	12,154	13,032	13,412	13,792
3	4,999	9,083	11,908	14,722	15,881	17,029	17,525	18,022
4	6,887	12,512	16,404	20,280	21,877	23,458	24,142	24,826
5A	5,535	10,056	13,184	16,299	17,582	18,853	19,403	19,953
5	9,871	17,934	23,512	29,069	31,357	33,623	34,603	35,584
6	12,830	23,309	30,559	37,782	40,755	43,701	44,975	46,250
7	15,304	27,804	36,453	45,068	48,615	52,128	53,649	55,169
8	20,916	37,999	49,819	61,592	66,440	71,242	73,320	75,397

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
 Non-Employed Extended Reporting Endorsement
 \$100,000 / \$300,000 Limits
 Illinois
 Territory 3, 9

Class	Years Retroactive Date Precedes Policy Expiration Date							
	0.5	1	1.5	2	2.5	3	3.5	4+
1A	\$3,710	\$6,740	\$8,837	\$10,925	\$11,785	\$12,637	\$13,006	\$13,374
1	4,638	8,425	11,046	13,657	14,732	15,796	16,257	16,718
2	6,956	12,638	16,569	20,485	22,098	23,695	24,386	25,077
3	9,090	16,514	21,651	26,767	28,874	30,961	31,864	32,767
4	12,521	22,749	29,825	36,873	39,776	42,650	43,894	45,138
5A	10,064	18,283	23,970	29,635	31,968	34,278	35,278	36,278
5	17,947	32,607	42,749	52,852	57,012	61,132	62,915	64,698
6	23,327	42,380	55,563	68,694	74,101	79,456	81,773	84,091
7	27,826	50,553	66,278	81,941	88,391	94,779	97,543	100,307
8	38,028	69,089	90,579	111,986	120,800	129,531	133,309	137,086

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
Non-Employed Extended Reporting Endorsement
\$100,000 / \$300,000 Limits
Illinois
Territory 4, 5, 7

Class	Years Retroactive Date Precedes Policy Expiration Date							
	0.5	1	1.5	2	2.5	3	3.5	4+
1A	\$3,339	\$6,066	\$7,953	\$9,833	\$10,607	\$11,373	\$11,705	\$12,037
1	4,174	7,583	9,942	12,291	13,259	14,217	14,631	15,046
2	6,261	11,374	14,912	18,437	19,888	21,325	21,947	22,569
3	8,181	14,863	19,486	24,091	25,987	27,865	28,678	29,490
4	11,269	20,474	26,842	33,186	35,798	38,385	39,505	40,624
5A	9,057	16,455	21,573	26,672	28,771	30,850	31,750	32,650
5	16,153	29,346	38,474	47,567	51,311	55,019	56,624	58,228
6	20,994	38,142	50,006	61,824	66,691	71,511	73,596	75,682
7	25,043	45,497	59,650	73,747	79,552	85,301	87,789	90,276
8	34,225	62,180	81,521	100,787	108,720	116,578	119,978	123,378

Neuman, Gayle

From: Emalee K. Seaman [eseaman@ppicins.com]
Sent: Thursday, November 01, 2007 8:46 AM
To: Neuman, Gayle
Subject: RE: Preferred Professional Ins Co - Filing #IL-PS-07-06
Attachments: Response Cvr Ltr 1.pdf; Revised Rules.pdf; Side by Side Comparisons of Revised Rules.pdf

Dear Ms. Neuman:

I am attaching a cover letter and our revised rule pages, including side by side comparisons of the changes we have made. If you would like me to send a copy of all this in the mail please let me know.

Thank you,

Emalee Seaman
Corporate Compliance Paralegal
Preferred Professional Insurance Company
11605 Miracle Hills Drive, Suite 200
Omaha, Nebraska 68154
Tel. (402) 392-1566 Ext. 248
Fax (402)392-2673

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Wednesday, October 24, 2007 1:06 PM
To: Emalee K. Seaman
Subject: Preferred Professional Ins Co - Filing #IL-PS-07-06

Ms. Seaman,

We are reviewing the above referenced filing. We request your response to the following questions and/or issues:

1. Where are the pages indicating the base rates? With the 10% rate decrease, such pages must be updated and filed.
2. All companies writing medical liability insurance in Illinois shall file a plan to offer each medical liability insured the option to make premium payments, in at least quarterly installments. Insurers may, but are not required to, offer such premium installment plans to insureds whose annual premiums are less than \$500, or for premium for any extension of a reporting period. Quarterly installment premium payment plans shall be included in the initial offer of the policy, or in the first policy renewal occurring after January 1, 2006. Thereafter, the insurer may, but need not re-offer such payment plan, but if an insured requests such payment plan at a later date, the insurer must make it available. All quarterly installment premium payment plan provisions shall be contained in the filed rate and/or rule manual in a section entitled, "Quarterly Installment Option" or a substantially similar title. If the company uses a substantially similar title, the Rule Submission Letter must indicate the name of the section that complies with this requirement. All quarterly installment premium payment plans shall include the minimum standards listed below. Insurers may provide for quarterly installment premium payment plans that differ from these minimum standards, as long as such plans have terms that are at least as or more favorable than those listed below.
 - a) An initial payment of no more than 40% of the estimated total premium due at policy inception;
 - b) The remaining premium spread equally among the second, third, and fourth installments, with the maximum for such installments set at 30% of the estimated total premium, and due 3, 6, and 9 months from policy inception, respectively;
 - c) No interest

charges;

- d) Installment charges or fees of no more than 1% of the total premium or \$25.00, whichever is less;
- e) A provision stating that additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.

3. On page 10 of the manual under Extended Reporting Period Coverage - Non-Slot-Rated, you should make your initial reference to show the term "tail" used later in the manual is referring to the extended reporting period. The extended reporting period (e.r.p.) must be offered when the policy is cancelled or nonrenewed for any reason including nonpayment of premium, and whether the policy is cancelled by the company or at the insured's request. Pursuant to Company Bulletin CB88-50, the company must offer an e.r.p. of at least 12 months on claims-made policies. The insured must be allowed 30 days after the end of the policy period to purchase the e.r.p. Extended reporting period (tail coverage) premium must be priced as a factor of one of the following: (1) the last twelve months premium; (2) the premium in effect at policy issuance; or (3) the expiring annual premium. The form must list the factor(s) to be used to figure the premium, which of the three premiums the factor will be applied to, and any credits, discounts, etc. that will be added or removed when determining the final premium. The company must inform the insured of the e.r.p. premium at the time the last policy is purchased. The company may not wait until the insured requests purchase of the e.r.p. coverage to tell the insured what the premium will be or how the premium will be calculated.

4. On page 35 of the manual under Deductibles, is there an aggregate amount or limit for the insured during each policy period?

5. On page 36 of the manual under Clinics, D. states use "5%/10%" - please explain.

6. On page 44, B. indicates prior to a slot-rated program being issued, the insured must indicate they will purchase prior acts coverage. However, I. states PPIC will not offer prior acts coverage on a slot-rated program. Please explain.

7. Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?

We request receipt of your response by no later than November 2, 2007.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

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*The link between
coverage and caring®*

November 1, 2007

Ms. Gayle Neuman
Property & Casualty Compliance
Illinois Division of Insurance
320 West Washington Street
Springfield, IL 62767-0001

**RE: Preferred Professional Insurance Company
NAIC #: 36234
Physicians & Surgeons Professional Liability
Policy Forms & Endorsements-Rule Manual
IL-PS-07-06**

*Preferred Professional
Insurance Company
11605 Miracle Hills Drive
Suite 200
Omaha, NE 68154-4467
Tel 402 392 1566
Fax 402 392 2673
www.ppicons.com*

Dear Ms. Neuman:

Per your letter, we have made the requested changes to our Physicians & Surgeons Rule Manual. The necessary changes are attached for your review.

For Item 1, I have attached the pages indicating the base rates we will use in Illinois.

For Item 2, we have attached a revised page 9, Premium Payments, to show our quarterly installment premium payment plan. The rule now explains how quarterly installments should be made by the insured.

In regards to Item 3, we do offer an unlimited extended reporting period to our insureds. Also, we give them 60 days after the end of the policy period to purchase the extended reporting period. We have amended the rule and this information is also contained in our policy under Section V-Extended Reporting Period. Also, we have added to Page 10, how we calculate the extended reporting period.

For Item 4, we have added the aggregate amount on Page 35. It is attached for your review

In Item 5, we have removed 5% from %5/10% because we used to use it as a range. However, we no longer use a range, we just use 10%. Page 36, has been amended to reflect this change.

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enhancing Catholic
health care by being
a unique insurance
resource for health
care providers*

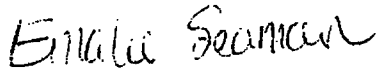
Ms. Gayle Neuman
November 1, 2007
Page two

For Item 6, we have amended page 44, to clearly explain that the insured will purchase tail coverage from PPIC or the insured will obtain prior acts coverage from another carrier.

Last, Item 7, we gather and report our own statistics.

I hope we have made all the necessary changes. If you should have any more questions, please free to email me. Thank you for your continued consideration of our filing.

Sincerely,

A handwritten signature in cursive script that reads "Emalee Seaman".

Emalee Seaman
Corporate Compliance Paralegal

Enclosures

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

SUBJECT: PREMIUM PAYMENTS	
LINE OF COVERAGE: HEALTH CARE PROVIDERS – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-08	
EFFECTIVE DATE: 07/01/99	REVISION DATE: 07/01/99

- A. Premium may be paid annually or quarterly. Quarterly premiums require an initial deposit and all future installments at January 1, April, July 1, and October 1.
- B. If the full annual premium is paid in advance, a 2% premium reduction will be applied. (Applicable in states where filed and approved only)

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

SUBJECT: EXTENDED REPORTING PERIOD COVERAGE – NON-SLOT-RATED	
LINE OF COVERAGE: HEALTH CARE PROVIDER – CLAIMS MADE	
GUIDELINE NUMBER: UW-09	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. A supplemental aggregate limit of liability is available for an extra premium charge. The supplemental aggregate limit of liability provided is equal to the limit of liability provided by the policy that the extended reporting endorsement is attached to.
- B. A written request and payment for the extended reporting period coverage must be received in our office within 60 days of the termination of the policy.
- C. Once in effect, an extended reporting period cannot be cancelled. The premium is fully earned upon receipt.
- D. Extended reporting period coverage may be provided at no charge for the following reasons:
1. The death of the health care provider;
 2. The health care provider becomes continuously and permanently disabled and is unable to carry out his/her profession or practice as a physician, surgeon, dentist or other Health Care Provider.
 3. The health care provider retires permanently from the profession or practice as a physician, surgeons, dentist, or other health care provider after accumulating five or more years of claims-made coverage from PPIC.
 4. The health care provider retires permanently as a result of suffering a terminal disease with no known cure.
- This "no charge" extended reporting period does not reinstate or increase the limits of insurance available. (If the insured desires a "new" supplemental aggregate limit of liability, this may be purchased. See item A above.)
- E. Any credit or debit applied to the policy premium will also apply to the extended reporting period premium.

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

SUBJECT: DEDUCTIBLES	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-34	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. The following credits apply for the deductible indicated. To determine deductible premium, apply the following percentage to the 100/300 premium and deduct the result from the increased limit premium.

Deductible Applies to
Indemnity Only

Credit

<u>Deductible</u>	<u>Physician</u>	<u>Surgeon</u>
\$5,000	5%	5%
\$10,000	10%	10%
\$25,000	20%	18%
\$50,000	35%	35.5%
\$100,000	57.5%	58.5%

Deductible Applies to
both Indemnity and Loss
Adjustment Expense

Credit

<u>Deductible</u>	<u>Physician</u>	<u>Surgeon</u>
\$25,000	35%	34%
\$50,000	50%	49%
\$100,000	72.5%	72.5%

- B. On group policies the total amount an insured may pay for a deductible may be capped. Pricing will vary depending on experience, the number of health care providers, and the cap selected. Refer to underwriting.

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

SUBJECT: CLINICS	
LINE OF COVERAGE: HEALTH CARE PROVIDER	
GUIDELINE NUMBER: UW-35	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. PPIC must insure all physicians in the clinic.
- B. The clinic cannot provide overnight patient stays and must meet all company requirements.
- C. Limits equal to the limits provided for the physician are available to the clinic, on a separate policy (use form CP-101). All physicians utilizing the clinic must carry limits equal to or greater than the limits available to the clinic and proof of coverage.
- D. To determine the rating for the clinic, (A) use 5%/10% of the total physicians premium divided by the total number of patients expected in the clinic that year, (b) add 1.4% of a class 1 fully mature physician rate at the limits purchased to allow for employees, and (c) multiply the sum by 100. The total is the rate per 100 outpatient visits.

EXAMPLE:

Total premium of all physicians in clinic: $\$35,000 \times 10\% = \$3,500$
 Total number of patient visits expected: 10,000

Physician charge per patient = $\$3,500 \div 10,000 = \0.35
 $\$0.35 \times 100 = \35.00 per 100 visits

PLUS

Class 1 physician mature rate (at policy limits): \$5,000
 Employee Charge = $1.4\% \times 5,000 = \$70.00$ per 100 visits

CLINIC CHARGE PER 100 VISITS =

$\$35.0 + \$70.00 = \$105.00$ per 100 visits
 10,000 visits = $100 \times \$105.00 = \$10,500$

- E. Long term treatment clinic (i.e. dialysis, etc.) are rated per 100 outpatient visits:
 - 1. California: 3% of Class 1 rate
 - 2. All other states 1% of Class 1 rate

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

SUBJECT: SLOT-RATED GROUP PROGRAM	
LINE OF COVERAGE: HEALTH CARE PROVIDER – OCCURRENCE AND CLAIMS MADE	
GUIDELINE NUMBER: UW-39	
EFFECTIVE DATE: 07/01/92	REVISION DATE: 07/01/99

- A. These rating programs are available to those facilities that tend to have a constant number of Full Time Equivalencies (FTE's), with high health care provider turnover.
- B. Prior to a slot-rated program being bound, the insured must sign a written agreement indicating the entity will purchase tail coverage or obtain prior acts coverage. If prior acts coverage is obtained, the new carrier must hold PPIC harmless for certificates of insurance regarding tail coverage that were issued to prior occupants of the slot.
- C. The policy provides coverage for all previously terminated and all current health care providers who are scheduled. Only if the program or a slot is terminated will a reporting endorsement be required to cover all past and present individuals.
- D. "Slots" (or positions) will be used to determine the exposure base. A "slot" is based on an average of a 50 hour work week for one or more part-time health care providers. Slots may be based on full time equivalent of 50 hours (FTE) if more than one health care provider fills the "slot" during a work week. (A health care provider working full time occupies a "slot" regardless of the number of hours worked.)
- E. If .50 or less of a slot is the hours contemplated, round the slot down. If .51 or more of a slot is the hours contemplated, round the slot up. A minimum of one slot is required if any health care provider is working in a particular specialty.
- F. Rating for the claims made process will reflect the retroactive date of the slot.
- G. **RESIDENTS AND INTERNS:** Rating for the claims made process will reflect the retroactive date of the program or of the new slot.
- H. If a slot remains empty for an extended period of time (90+ days), it will be closed and tail coverage must be purchased. The first slot opened is the first slot closed for rating purposes.
- I. PPIC will not offer prior acts coverage on a slot-rated program.

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

SUBJECT: EXTENDED REPORTING PERIOD COVERAGE - NON-SLOT-RATED
LINE OF COVERAGE: HEALTH CARE PROVIDER - CLAIMS MADE
GUIDELINE NUMBER: UW-09
EFFECTIVE DATE: 07/01/92 REVISION DATE: 07/01/99

- A. A supplemental aggregate limit of liability is available for an extra premium charge. The supplemental aggregate limit of liability provided is equal to the limit of liability provided by the policy that the extended reporting endorsement is attached to.
- B. A written request and payment for the extended reporting period coverage must be received in our office within 60 days of the termination of the policy.
- C. Once in effect, an extended reporting period cannot be cancelled. The premium is fully earned upon receipt.
- D. Extended reporting period coverage may be provided at no charge for the following reasons:
1. The death of the health care provider;
 2. The health care provider becomes continuously and permanently disabled and is unable to carry out his/her profession or practice as a physician, surgeon, dentist or other Health Care Provider.
 3. The health care provider retires permanently from the profession or practice as a physician, surgeons, dentist, or other health care provider after accumulating five or more years of claims-made coverage from PPIC.
 4. The health care provider retires permanently as a result of suffering a terminal disease with no known cure.
- This "no charge" extended reporting period does not restate or increase the limits of insurance available. (If the insured desires a "new" supplemental aggregate limit of liability, this may be purchased. See item A above.)
- E. Any credit or debit applied to the policy premium will also apply to the extended reporting period premium.

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

SUBJECT: EXTENDED REPORTING PERIOD COVERAGE (ERP) - NON-SLOT-RATED
LINE OF COVERAGE: HEALTH CARE PROVIDER - CLAIMS MADE
GUIDELINE NUMBER: UW-09
EFFECTIVE DATE: 11/01/2007 REVISION DATE: 11/01/2007

- A. A supplemental aggregate limit of liability is available for an extra premium charge. The supplemental aggregate limit of liability provided is equal to the limit of liability provided by the policy that the extended reporting endorsement is attached to.
- B. Physicians and their professional corporations choosing not to continue a claims-made contract with the Company shall be given the opportunity to purchase extended reporting period coverage. A written request and payment for the extended reporting period coverage must be received in our office within 60 days of the termination of the policy. Once in effect, an extended reporting period cannot be cancelled. The premium is fully earned upon receipt.
- C. Extended reporting period coverage may be provided at no charge for the following reasons:
1. The death of the health care provider;
 2. The health care provider becomes continuously and permanently disabled and is unable to carry out his/her profession or practice as a physician, surgeon, dentist or other Health Care Provider.
 3. The health care provider retires permanently from the profession or practice as a physician, surgeons, dentist, or other health care provider after accumulating five or more years of claims-made coverage from PPIC.
 4. The health care provider retires permanently as a result of suffering a terminal disease with no known cure.
- This "no charge" extended reporting period does not restate or increase the limits of insurance available. (If the insured desires a "new" supplemental aggregate limit of liability, this may be purchased. See item A above.)
- Unless otherwise specified, miscellaneous professional employee's share in the limits purchased for the corporation, if any. No additional charge is made for miscellaneous professional employees.
- E. Any credit or debit applied to the policy premium will also apply to the extended reporting period premium.
- G. For an extended reporting period:
1. Number of PL Exposures x PL Base Rate at expiration x PL ILF x PL Territorial Factor x Business Type Adjustment Factor x PL Extended Reporting Period Factor x any applicable schedule debits/credits
 2. ERP factors based on expiring premium. ERP factors are:

1 st year claims made:	2.28
2 nd year claims made:	2.00
3 rd year claims made:	1.82
4 th year claims made:	1.77
5 th year claims made:	1.63

ERP premiums are prorated.

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

SUBJECT: DEDUCTIBLES
LINE OF COVERAGE: HEALTH CARE PROVIDER - OCCURRENCE AND CLAIMS MADE
GUIDELINE NUMBER: UW-34
EFFECTIVE DATE: 07/01/92 REVISION DATE: 07/01/99

- A. The following credits apply for the deductible indicated. To determine deductible premium, apply the following percentage to the 100/300 premium and deduct the result from the increased limit premium.

Deductible Applies to Indemnity Only			Credit	
Deductible	Physician	Surgeon		
\$5,000	5%	5%		
\$10,000	10%	10%		
\$25,000	20%	18%		
\$50,000	35%	35.5%		
\$100,000	57.5%	58.5%		

Deductible Applies to both Indemnity and Loss Adjustment Expense			Credit	
Deductible	Physician	Surgeon		
\$25,000	35%	34%		
\$50,000	50%	49%		
\$100,000	72.5%	72.5%		

- B. On group policies the total amount an insured may pay for a deductible may be capped. Pricing will vary depending on experience, the number of health care providers, and the cap selected. Refer to underwriting.

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

SUBJECT: DEDUCTIBLES
LINE OF COVERAGE: HEALTH CARE PROVIDER - OCCURRENCE AND CLAIMS MADE
GUIDELINE NUMBER: UW-34
EFFECTIVE DATE: 11/01/2007 REVISION DATE: 11/01/2007

- A. The following credits apply for the deductible indicated. To determine deductible premium, apply the following percentage to the 100/300 premium and deduct the result from the increased limit premium.

Deductible Applies to Indemnity Only			Credit	
Deductible	Physician	Surgeon		
\$5,000/\$15,000	5%	5%		
\$10,000/\$30,000	10%	10%		
\$25,000/\$75,000	20%	18%		
\$50,000/\$150,000	35%	35.5%		
\$100,000/\$300,000	57.5%	58.5%		

Deductible Applies to both Indemnity and Loss Adjustment Expense			Credit	
Deductible	Physician	Surgeon		
\$25,000/\$75,000	35%	34%		
\$50,000/\$150,000	50%	49%		
\$100,000/\$300,000	72.5%	72.5%		

- B. On group policies the total amount an insured may pay for a deductible may be capped. Pricing will vary depending on experience, the number of health care providers, and the cap selected. Refer to underwriting.

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

SUBJECT: CLINICS
LINE OF COVERAGE: HEALTH CARE PROVIDER
GUIDELINE NUMBER: UW-35
EFFECTIVE DATE: 07/01/92 REVISION DATE: 07/01/99

- A. PPIC must insure all physicians in the clinic.
 B. The clinic cannot provide overnight patient stays and must meet all company requirements.
 C. Limits equal to the limits provided for the physician are available to the clinic, on a separate policy (use form CP-101). All physicians utilizing the clinic must carry limits equal to or greater than the limits available to the clinic and proof of coverage.
 D. To determine the rating for the clinic, (A) use 5%/10% of the total physicians premium divided by the total number of patients expected in the clinic that year, (b) add 1.4% of a class 1 fully mature physician rate at the limits purchased to allow for employees, and (c) multiply the sum by 100. The total is the rate per 100 outpatient visits.

EXAMPLE:

Total premium of all physicians in clinic: \$35,000 x 10% = \$3,500
 Total number of patient visits expected: 10,000
 Physician charge per patient = \$3,500 10,000 = \$35
 \$35 x 100 = \$35.00 per 100 visits

PLUS

Class 1 physician mature rate (at policy limits): \$5,000
 Employee Charge = 1.4% x 5,000 = \$70.00 per 100 visits

CLINIC CHARGE PER 100 VISITS =

\$35.0 + \$70.00 = \$105.00 per 100 visits
 10,000 visits = 100 x \$105.00 = \$10,500

- E. Long term treatment clinic (i.e. dialysis, etc.) are rated per 100 outpatient visits:
 1. California: 3% of Class 1 rate
 2. All other states: 1% of Class 1 rate

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

SUBJECT: CLINICS
LINE OF COVERAGE: HEALTH CARE PROVIDER
GUIDELINE NUMBER: UW-35
EFFECTIVE DATE: 11/01/2007 REVISION DATE: 11/01/2007

- A. PPIC must insure all physicians in the clinic.
 B. The clinic cannot provide overnight patient stays and must meet all company requirements.
 C. Limits equal to the limits provided for the physician are available to the clinic, on a separate policy (use form CP-101). All physicians utilizing the clinic must carry limits equal to or greater than the limits available to the clinic and proof of coverage.
 D. To determine the rating for the clinic, (A) use 10% of the total physicians premium divided by the total number of patients expected in the clinic that year, (b) add 1.4% of a class 1 fully mature physician rate at the limits purchased to allow for employees, and (c) multiply the sum by 100. The total is the rate per 100 outpatient visits.

EXAMPLE:

Total premium of all physicians in clinic: \$35,000 x 10% = \$3,500
 Total number of patient visits expected: 10,000
 Physician charge per patient = \$3,500 10,000 = \$35
 \$35 x 100 = \$35.00 per 100 visits

PLUS

Class 1 physician mature rate (at policy limits): \$5,000
 Employee Charge = 1.4% x 5,000 = \$70.00 per 100 visits

CLINIC CHARGE PER 100 VISITS =

\$35.0 + \$70.00 = \$105.00 per 100 visits
 10,000 visits = 100 x \$105.00 = \$10,500

- E. Long term treatment clinic (i.e. dialysis, etc.) are rated per 100 outpatient visits:
 1. California: 3% of Class 1 rate
 2. All other states: 1% of Class 1 rate

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

SUBJECT: SLOT-RATED GROUP PROGRAM
LINE OF COVERAGE: HEALTH CARE PROVIDER - OCCURRENCE AND CLAIMS MADE
GUIDELINE NUMBER: UW-39
EFFECTIVE DATE: 07/01/92 REVISION DATE: 07/01/99

- A. These rating programs are available to those facilities that tend to have a constant number of Full Time Equivalencies (FTE's), with high health care provider turnover.
- B. Prior to a slot-rated program being bound, the insured must sign a written agreement indicating the entity will purchase tail coverage or obtain prior acts coverage. If prior acts coverage is obtained, the new carrier must hold PPIC harmless for certificates of insurance regarding tail coverage that were issued to prior occupants of the slot.
- C. The policy provides coverage for all previously terminated and all current health care providers who are scheduled. Only if the program or a slot is terminated will a reporting endorsement be required to cover all past and present individuals. "Slots" (or positions) will be used to determine the exposure base. A "slot" is based on an average of a 50 hour work week for one or more part-time health care providers. Slots may be based on full time equivalent of 50 hours (FTE) if more than one health care provider fills the "slot" during a work week. (A health care provider working full time occupies a "slot" regardless of the number of hours worked.)
- E. If 50 or less of a slot is the hours contemplated, round the slot down. If .51 or more of a slot is the hours contemplated, round the slot up. A minimum of one slot is required if any health care provider is working in a particular specialty. Rating for the claims made process will reflect the retroactive date of the slot.
- G. RESIDENTS AND INTERNS: Rating for the claims made process will reflect the retroactive date of the program or of the new slot.
- H. If a slot remains empty for an extended period of time (90+ days), it will be closed and tail coverage must be purchased. The first slot opened is the first slot closed for rating purposes.
- I. PPIC will not offer prior acts coverage on a slot-rated program.

**PREFERRED PROFESSIONAL INSURANCE COMPANY
UNDERWRITING GUIDELINES**

SUBJECT: SLOT-RATED GROUP PROGRAM
LINE OF COVERAGE: HEALTH CARE PROVIDER - OCCURRENCE AND CLAIMS MADE
GUIDELINE NUMBER: UW-39
EFFECTIVE DATE: 11/01/2007 REVISION DATE: 11/01/2007

- A. These rating programs are available to those facilities that tend to have a constant number of Full Time Equivalencies (FTE's), with high health care provider turnover.
- B. Prior to a slot-rated program being bound, the insured must sign a written agreement indicating the entity will purchase tail coverage from PPIC or obtain prior acts coverage from another carrier. If prior acts coverage is obtained, the new carrier must hold PPIC harmless for certificates of insurance regarding tail coverage that were issued to prior occupants of the slot.
- C. The policy provides coverage for all previously terminated and all current health care providers who are scheduled. Only if the program or a slot is terminated will a reporting endorsement be required to cover all past and present individuals. "Slots" (or positions) will be used to determine the exposure base. A "slot" is based on an average of a 50 hour work week for one or more part-time health care providers. Slots may be based on full time equivalent of 50 hours (FTE) if more than one health care provider fills the "slot" during a work week. (A health care provider working full time occupies a "slot" regardless of the number of hours worked.)
- E. If .50 or less of a slot is the hours contemplated, round the slot down. If .51 or more of a slot is the hours contemplated, round the slot up. A minimum of one slot is required if any health care provider is working in a particular specialty. Rating for the claims made process will reflect the retroactive date of the slot.
- G. RESIDENTS AND INTERNS: Rating for the claims made process will reflect the retroactive date of the program or of the new slot.
- H. If a slot remains empty for an extended period of time (90+ days), it will be closed and tail coverage must be purchased. The first slot opened is the first slot closed for rating purposes.
- I. PPIC will not offer prior acts coverage on a slot-rated program.



**TOWERS
PERRIN**

TILLINGHAST

October 11, 2007

Mr. Melvin Epstein
Senior Vice President & Chief Operating Officer
Preferred Professional Insurance Company
11605 Miracle Hills Drive, Suite 200
Omaha, Nebraska 68154

Dear Mr. Epstein:

ILLINOIS PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY RATES

Attached is a filing memorandum for physicians and surgeons professional liability rates in Illinois. This letter and attached filing memorandum describe the data, methodology, and assumptions used in developing these rates.

These indications are provided for the internal use of Preferred Professional Insurance Company ("PPIC") management in determining appropriate rates for the state of Illinois. This letter and filing memorandum may also be filed with the Illinois Insurance Department as needed to support PPIC's proposed rates. No further distribution or use of this letter or filing memorandum is permitted without Tillinghast's prior written approval.

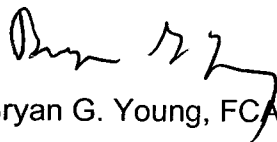
In performing our analysis, we relied without audit or verification upon the data provided by PPIC.

Because of the uncertainties underlying medical malpractice rates, there can be no guarantee that the rates selected will prove to be adequate or not excessive. We believe, however, that the methods used are reasonable in the current circumstances.

If you have any questions, please call.

Sincerely,

TOWERS PERRIN



Bryan G. Young, FCAS, MAAA

BGY:sm

Direct Dial: 404-365-1635

PREFERRED PROFESSIONAL INSURANCE COMPANY
Physicians and Surgeons Professional Liability Rate Filing

This memorandum and attached exhibits present support for the physicians and surgeons professional liability rates effective January 1, 2008 for Preferred Professional Insurance Company ("PPIC"). The rate indications are based on PPIC experience in Illinois.

Based on PPIC's countrywide experience, PPIC plans on introducing an employed physician relativity of 85%. Exhibit K contains PPIC experience for this category of physicians. The estimated rate impact of this change assuming 34.5% of PPIC's premium is eligible is -5.2%.

Exhibit J contains PPIC historical direct limits loss development for both paid losses (indemnity and ALAE) on Sheet 2 and reported losses on Sheet 1.

Exhibit I summarizes the direct limit coverage year premiums and losses for PPIC in Illinois.

The adjustment for anticipated investment income is calculated on Exhibit H. The assumed payment pattern is based on Exhibit J, Sheet 2.

The profit loading and expected loss ratio are calculated on Exhibit G. The profit loading is calculated on Sheet 2 while the expected loss ratio is derived on Sheet 1.

Adjustment factors to convert premiums to current rate levels are calculated on Exhibit F.

The rate level indication is determined on Exhibit E. Approximately half of PPIC's policies expire at December 31 and we are assuming a January 1, 2008 effective date with an average date of loss of October 1, 2008. The indication is calculated based on projected direct limit loss ratio relative to the expected loss ratio developed on Exhibit G.

Exhibit D contains the selected rating factors. These factors have not been revised.

Given the limited credibility of PPIC's experience, PPIC has elected to file for a 10.0% decrease in base rates. The revised base rates are shown in Exhibit C. The change in base

rates and the effect of the addition of the employed relativity produces an overall rate effect of -14.7%.

This selected change is applied to current rates to calculate the extended reporting endorsement rates on Exhibit B and claims-made rates on Exhibit A.

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability

Non-Employed Claims-Made Rates

\$100,000 / \$300,000 Limits

Illinois

Territory 1

<u>Class</u>	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>Mature</u>
1A	\$1,572	\$3,407	\$5,307	\$6,028	\$6,552
1	1,966	4,259	6,634	7,535	8,190
2	2,948	6,388	9,951	11,302	12,285
3	3,853	8,347	13,002	14,768	16,052
4	5,307	11,499	17,912	20,344	22,113
5A	4,265	9,242	14,396	16,351	17,772
5	7,607	16,482	25,673	29,160	31,695
6	9,887	21,422	33,369	37,900	41,196
7	11,794	25,553	39,803	45,209	49,140
8	16,118	34,922	54,398	61,785	67,158

See Sheet 5 for Notes.

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
Non-Employed Claims-Made Rates
\$100,000 / \$300,000 Limits
Illinois
Territory 2, 6, 8

<u>Class</u>	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>Mature</u>
1A	\$1,081	\$2,342	\$3,649	\$4,144	\$4,505
1	1,351	2,928	4,561	5,180	5,631
2	2,027	4,392	6,841	7,770	8,446
3	2,649	5,739	8,939	10,153	11,036
4	3,649	7,905	12,314	13,986	15,203
5A	2,932	6,354	9,897	11,241	12,218
5	5,230	11,331	17,650	20,047	21,791
6	6,797	14,727	22,941	26,056	28,322
7	8,108	17,568	27,365	31,081	33,784
8	11,081	24,009	37,399	42,477	46,171

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
Non-Employed Claims-Made Rates
\$100,000 / \$300,000 Limits
Illinois
Territory 3, 9

<u>Class</u>	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>Mature</u>
1A	\$1,966	\$4,259	\$6,634	\$7,535	\$8,190
1	2,457	5,324	8,292	9,419	10,238
2	3,686	7,985	12,439	14,128	15,356
3	4,816	10,434	16,253	18,460	20,066
4	6,634	14,373	22,389	25,430	27,641
5A	5,332	11,552	17,994	20,438	22,215
5	9,509	20,602	32,091	36,450	39,619
6	12,359	26,777	41,711	47,375	51,495
7	14,742	31,941	49,754	56,511	61,425
8	20,147	43,653	67,997	77,232	83,948

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
Non-Employed Claims-Made Rates
\$100,000 / \$300,000 Limits
Illinois
Territory 4, 5, 7

<u>Class</u>	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>	<u>4th Year</u>	<u>Mature</u>
1A	\$1,769	\$3,833	\$5,971	\$6,781	\$7,371
1	2,211	4,791	7,463	8,477	9,214
2	3,317	7,187	11,195	12,715	13,821
3	4,334	9,391	14,628	16,614	18,059
4	5,971	12,936	20,150	22,887	24,877
5A	4,799	10,397	16,195	18,394	19,994
5	8,558	18,542	28,882	32,805	35,657
6	11,123	24,099	37,540	42,638	46,345
7	13,268	28,747	44,779	50,860	55,283
8	18,133	39,287	61,198	69,509	75,553

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
Claims-Made Rates
Illinois

Note to Exhibit A, Sheets 1 - 4:

Rates are calculated as:

Class 1 Territorial Rate at \$100,000 Limits (Exhibit C) ×

Class Relativity (Exhibit D, Sheet 1) ×

Increased Limits Factors (Exhibit D, Sheet 2) ×

Claims-Made Factor (Exhibit D, Sheet 3)

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
Non-Employed Extended Reporting Endorsement
\$100,000 / \$300,000 Limits

Illinois
Territory 1

Class	Years Retroactive Date Precedes Policy Expiration Date							
	0.5	1	1.5	2	2.5	3	3.5	4+
1A	\$2,968	\$5,392	\$7,070	\$8,740	\$9,428	\$10,110	\$10,405	\$10,699
1	3,710	6,740	8,837	10,925	11,785	12,637	13,006	13,374
2	5,565	10,111	13,256	16,388	17,678	18,956	19,509	20,061
3	7,272	13,211	17,321	21,414	23,099	24,769	25,491	26,214
4	10,017	18,199	23,860	29,499	31,821	34,120	35,115	36,111
5A	8,051	14,627	19,176	23,708	25,574	27,423	28,222	29,022
5	14,358	26,085	34,199	42,282	45,610	48,906	50,332	51,758
6	18,662	33,904	44,450	54,955	59,281	63,565	65,419	67,273
7	22,260	40,442	53,022	65,553	70,712	75,823	78,034	80,246
8	30,423	55,271	72,463	89,589	96,640	103,625	106,647	109,669

See Sheet 5 for Note.

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
Non-Employed Extended Reporting Endorsement
\$100,000 / \$300,000 Limits
Illinois
Territory 2, 6, 8

Class	Years Retroactive Date Precedes Policy Expiration Date							
	0.5	1	1.5	2	2.5	3	3.5	4+
1A	\$2,041	\$3,707	\$4,860	\$6,009	\$6,482	\$6,950	\$7,153	\$7,356
1	2,551	4,634	6,075	7,511	8,102	8,688	8,941	9,195
2	3,826	6,951	9,113	11,267	12,154	13,032	13,412	13,792
3	4,999	9,083	11,908	14,722	15,881	17,029	17,525	18,022
4	6,887	12,512	16,404	20,280	21,877	23,458	24,142	24,826
5A	5,535	10,056	13,184	16,299	17,582	18,853	19,403	19,953
5	9,871	17,934	23,512	29,069	31,357	33,623	34,603	35,584
6	12,830	23,309	30,559	37,782	40,755	43,701	44,975	46,250
7	15,304	27,804	36,453	45,068	48,615	52,128	53,649	55,169
8	20,916	37,999	49,819	61,592	66,440	71,242	73,320	75,397

See Sheet 5 for Note.

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
Non-Employed Extended Reporting Endorsement
\$100,000 / \$300,000 Limits
Illinois
Territory 3, 9

Class	Years Retroactive Date Precedes Policy Expiration Date							
	0.5	1	1.5	2	2.5	3	3.5	4+
1A	\$3,710	\$6,740	\$8,837	\$10,925	\$11,785	\$12,637	\$13,006	\$13,374
1	4,638	8,425	11,046	13,657	14,732	15,796	16,257	16,718
2	6,956	12,638	16,569	20,485	22,098	23,695	24,386	25,077
3	9,090	16,514	21,651	26,767	28,874	30,961	31,864	32,767
4	12,521	22,749	29,825	36,873	39,776	42,650	43,894	45,138
5A	10,064	18,283	23,970	29,635	31,968	34,278	35,278	36,278
5	17,947	32,607	42,749	52,852	57,012	61,132	62,915	64,698
6	23,327	42,380	55,563	68,694	74,101	79,456	81,773	84,091
7	27,826	50,553	66,278	81,941	88,391	94,779	97,543	100,307
8	38,028	69,089	90,579	111,986	120,800	129,531	133,309	137,086

See Sheet 5 for Note.

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
Non-Employed Extended Reporting Endorsement
\$100,000 / \$300,000 Limits
Illinois
Territory 4, 5, 7

Class	Years Retroactive Date Precedes Policy Expiration Date							
	0.5	1	1.5	2	2.5	3	3.5	4+
1A	\$3,339	\$6,066	\$7,953	\$9,833	\$10,607	\$11,373	\$11,705	\$12,037
1	4,174	7,583	9,942	12,291	13,259	14,217	14,631	15,046
2	6,261	11,374	14,912	18,437	19,888	21,325	21,947	22,569
3	8,181	14,863	19,486	24,091	25,987	27,865	28,678	29,490
4	11,269	20,474	26,842	33,186	35,798	38,385	39,505	40,624
5A	9,057	16,455	21,573	26,672	28,771	30,850	31,750	32,650
5	16,153	29,346	38,474	47,567	51,311	55,019	56,624	58,228
6	20,994	38,142	50,006	61,824	66,691	71,511	73,596	75,682
7	25,043	45,497	59,650	73,747	79,552	85,301	87,789	90,276
8	34,225	62,180	81,521	100,787	108,720	116,578	119,978	123,378

See Sheet 5 for Note.

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
Extended Reporting Endorsement
Illinois

Note to Exhibit B, Sheets 1 - 4:

Rates are calculated as:

Class 1 Territorial Rate at \$100,000 Limits (Exhibit C) ×

Class Relativity (Exhibit D, Sheet 1) ×

Increased Limits Factors (Exhibit D, Sheet 2) ×

Extended Reporting Endorsement Factor (Exhibit D, Sheet 3)

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability Selected Rate Change Illinois

(1) Current Class 1, Mature \$100,000/\$300,000 Rate

Territory 1	\$9,100
Territory 2, 6, 8	6,256
Territory 3, 9	11,375
Territory 4, 5, 7	10,238

(2) Selected Base Rate Change

Territory 1	-10.0%
Territory 2, 6, 8	-10.0%
Territory 3, 9	-10.0%
Territory 4, 5, 7	-10.0%

(3) Indicated Base \$100,000/\$300,000 Rate

Territory 1	\$8,190
Territory 2, 6, 8	5,631
Territory 3, 9	10,238
Territory 4, 5, 7	9,214

- Notes: (1) Provided by PPIC.
 (2) Selected by PPIC.
 (3) (1) x (1.0 + (2)).

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
Rating Factors
Class Relativities
Illinois

<u>Class</u>	<u>Current</u>	<u>Selected</u>
(1)	(2)	(3)
1A	0.800	0.800
1	1.000	1.000
2	1.500	1.500
3	1.960	1.960
4	2.700	2.700
5A	2.170	2.170
5	3.870	3.870
6	5.030	5.030
7	6.000	6.000
8	8.200	8.200

Employment Relativity

Employed	0.850
Non-Employed	1.000

Note: (2) Provided by PPIC.

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
Rating Factors
Selected Increased Limits Factors
Illinois

Limit (000's) (1)	Physicians (2)	Surgeons (3)
\$100 / \$300	1.000	1.000
200 / 600	1.270	1.310
250 / 750	1.370	1.430
500 / 1,500	1.760	1.900
1,000 / 3,000	2.200	2.480
2,000 / 4,000	2.690	3.030

Notes: (1) Limits are on a per occurrence / per annual aggregate basis.
 (2) - (3) Provided by PPIC.
 Physicians ILFs are applied to classes 1 through 4, Surgeons
 ILFs to classes 5A through 8.

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
Rating Factors
Selected Claims-Made and Extended Reporting Endorsement Factors
Illinois

I. Selected Claims-Made Factors

Years Retroactive Date Precedes Policy Expiration Date				
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5 or more</u>
0.240	0.520	0.810	0.920	1.000

II. Selected Extended Reporting Endorsement Factors

Years Retroactive Date Precedes Policy Expiration Date							
<u>0.5</u>	<u>1</u>	<u>1.5</u>	<u>2</u>	<u>2.5</u>	<u>3</u>	<u>3.5</u>	<u>4+</u>
0.453	0.823	1.079	1.334	1.439	1.543	1.588	1.633

Notes: (1) Provided by PPIC.
(2) Provided by PPIC.

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
Rate Level Indication
Illinois

Coverage Year	Direct Earned Premium	On-Level Factor	Direct Earned Premium at Present Rates	Direct Reported Losses at 6/30/2007
(1)	(2)	(3)	(4)	(5)
2002	\$47,133	0.927	\$43,700	\$234,640
2003	207,211	1.075	222,854	104,751
2004	704,568	1.015	714,940	36,262
2005	964,694	1.000	964,694	100,974
2006	1,427,555	1.000	1,427,555	0
Total	\$3,351,161		\$3,373,743	\$476,627

Coverage Year	LDF	Trend Factor to 10/1/2008	Trended Ultimate Losses and LAE	Loss Ratio
(1)	(6)	(7)	(8)	(9)
2002	1.000	1.397	\$333,793	763.8%
2003	0.975	1.325	137,717	61.8%
2004	0.975	1.256	45,188	6.3%
2005	0.975	1.190	119,270	12.4%
2006	1.126	1.128	0	0.0%
Total			\$635,969	18.9%

(10)	Undiscounted Expected Loss Ratio	79.9%
(11)	Indicated Rate Change	-76.4%
(12)	Selected Base Rate Change	-10.0%

- Notes: (2) Exhibit I.
 (3) Exhibit F.
 (4) (2) × (3).
 (5) Provided by PPIC.
 (6) Based on Exhibit J, Sheet 1.
 (7) Assumes a 5.5% trend.
 (8) (5) × (6) × (7) × 1.018 for ULAE.
 (9) (8) / (4).
 (10) Exhibit G, Sheet 1.
 (11) Total (9) / (10) - 1.000.

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability Rate Level Adjustment Factors On-Level Factor Illinois

Date (1)	Amount (2)	To Date (3)	Index (4)	Report Year (5)	On-Level Factor (6)
4/1/1999	1.000	1.000	0.926	2002	0.927
7/1/2002	0.861	0.861	1.075	2003	1.075
1/1/2004	1.076	0.926	1.000	2004	1.015
				2005	1.000
				2006	1.000

- Notes: (1)-(2) PPIC's changes.
 (3) Downward product of Column (2).
 (4) The latest value in Column (3) / Column (3).
 (6) Weighted average index assuming 75.2% of the 2002 premiums, 63.5% of the 2003 premiums, 61.0% of the 2004 premiums, 52.6% of the 2005 premiums, and 53.6% of the 2006 premiums were written January 1. These percentages were based on PPIC's premium distributions. The remainder of the policies were assumed to be written evenly throughout the year.

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
Expected Loss Ratio

(1)	Expense Ratio	
	(A) Acquisition and General Expense	10.0%
	(B) Federal Income Taxes	3.0%
	(C) Taxes, Licenses, and Fees	2.2%
	(D) Profit	5.0%
	(E) Reinsurance Expense	4.5%
	(F) Total	<u>24.7%</u>
(2)	DD&R Loading	1.045
(3)	Discounted Expected Loss Ratio	72.1%
(4)	Present Value Factor	0.902
(5)	Undiscounted Expected Loss Ratio	79.9%

Notes: (1)-(2) Selected.
(3) $[100.0\% - \text{Total of (1)}] / (2)$.
(4) Exhibit H.
(5) ~~$(3) / (4)$~~

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
Underwriting Profit

(1)	After Tax Total Rate of Return	10.0%
(2)	Anticipated Return on Capital & Surplus	2.6%
(3)	After Tax Target Operating Return As a Percent of Surplus	7.4%
(4)	Target Premium to Surplus Ratio	100.0%
(5)	After Tax Target Operating Return As a Percent of Premium	7.4%
(6)	Assumed Tax Rate	34.0%
(7)	Target Before Tax Underwriting Profit	11.2%
(8)	Selected Before Tax Underwriting Profit	5.0%

Notes: (1) Selected.
(2) Selected.
(3) (1) - (2).
(4) Selected.
(5) (3) / (4).
(6) Selected.
(7) (5) / [100.0% - (6)].

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
Present Value Factors
4% Annual Rate of Return

Year	Report Year Payment Pattern	Present Value Factors	Present Value at Beginning of Year 1
(1)	(2)	(3)	(4)
1	0.074	0.981	0.072
2	0.210	0.943	0.198
3	0.280	0.907	0.254
4	0.207	0.872	0.180
5	0.108	0.838	0.090
6	0.056	0.806	0.045
7	0.028	0.775	0.021
8	0.016	0.745	0.012
9	0.012	0.717	0.009
10	0.007	0.689	0.005
11	0.002	0.662	0.002
Total	1.000		0.889

(5) Offset for Premium Payment Plan 0.985

(6) Total 0.902

Notes: (2) Based on Exhibit J, Sheet 2.

(3) $[1.060 ^ {(.50 - (1))}]$.

(4) $(2) \times (3)$. Interim calculations not rounded until final step.

(5) Offset for a 25/25/25/25 premium payment plan.

(6) Total of Column (4) / (5).

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
Calculation of Loss Ratio
Illinois

Coverage Year	Direct Earned Premium	Direct Reported Losses	Loss Ratio
(1)	(2)	(3)	(4)
<u>Illinois</u>			
2002	\$47,133	\$234,640	497.8%
2003	207,211	104,751	50.6%
2004	704,568	36,262	5.1%
2005	964,694	100,974	10.5%
2006	1,427,555	0	0.0%
Total	\$3,351,161	\$476,627	14.2%

Notes: (2) Provided by PPIC.
 (3) Provided by PPIC.
 (4) (3) / (2).

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
Indicated Development Factors
Direct Limit Reported Losses

Report Year (1)	Evaluation Month (a)							
	6 (2)	18 (3)	30 (4)	42 (5)	54 (6)	66 (7)	78 (8)	90+ (9)
1993	0	0	0	0	0	0	5,302,870	5,507,628
1994	0	0	0	0	0	7,685,942	7,723,952	7,768,278
1995	0	0	0	0	12,730,991	13,241,558	12,902,720	12,721,215
1996	0	0	0	10,322,800	10,699,501	10,502,453	10,359,937	10,343,010
1997	0	0	17,932,505	17,841,855	17,387,108	17,073,036	17,915,310	18,166,108
1998	0	7,860,663	13,862,542	13,619,374	11,878,198	12,641,925	12,723,797	12,340,274
1999	4,007,830	11,994,447	18,832,729	20,441,957	22,718,978	21,031,851	20,778,684	20,139,065
2000	3,957,467	7,282,054	11,262,503	14,811,761	15,632,722	13,798,561	13,063,308	13,018,584
2001	2,146,418	17,391,550	25,145,881	23,388,683	22,768,793	20,590,475	22,157,250	
2002	3,900,285	24,103,704	29,907,465	29,097,114	28,732,361	26,115,077		
2003	9,091,786	34,774,650	36,553,592	33,704,629	32,806,084			
2004	11,342,889	37,702,578	42,726,975	36,907,114				
2005	14,611,650	43,030,303	47,360,119					
2006	19,290,750	48,577,248						
2007	17,037,659							
	6-18	18-30	30-42	42-54	54-66	66-78	78-90+	
1993							1.039	
1994						1.005	1.006	
1995					1.040	0.974	0.986	
1996				1.036	0.982	0.986	0.998	
1997			0.995	0.975	0.982	1.049	1.014	
1998		1.764	0.982	0.872	1.064	1.006	0.970	
1999	2.993	1.570	1.085	1.111	0.926	0.988	0.969	
2000	1.840	1.547	1.315	1.055	0.883	0.947	0.997	
2001	8.103	1.446	0.930	0.973	0.904	1.076		
2002	6.180	1.241	0.973	0.987	0.909			
2003	3.825	1.051	0.922	0.973				
2004	3.324	1.133	0.864					
2005	2.945	1.101						
2006	2.518							
Dollar Weighted								
Latest 5	3.231	1.157	0.947	1.010	0.926	1.018	0.989	
Latest 7	3.308	1.201	0.965	0.994	0.938	1.009	0.990	
Dollar Weighted Ex-Ante One								
Latest 5	3.821	1.201	0.998	1.004	0.942	0.997	0.987	
Latest 6	3.647	1.234	0.996	0.999	0.946	0.994	0.989	
Selected Development Factors								
R to R	3.000	1.155	1.000	1.000	0.975	1.000	1.000	
R to Ult	3.378	1.126	0.975	0.975	0.975	1.000	1.000	

Note (a) Provided by PPIC.

PREFERRED PROFESSIONAL INSURANCE COMPANY

Physicians and Surgeons Professional Liability
Indicated Development Factors
Direct Limit Paid Losses

Report Year	Evaluation Month (a)							
	6	18	30	42	54	66	78	90+
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1993	0	0	0	0	0	0	5,285,652	5,507,628
1994	0	0	0	0	0	6,859,846	6,911,051	7,768,278
1995	0	0	0	0	12,087,014	12,436,269	12,518,982	12,721,215
1996	0	0	0	9,069,926	9,668,734	10,240,584	10,263,203	10,343,010
1997	0	0	11,240,876	15,011,685	16,467,844	16,660,014	17,403,492	18,149,038
1998	0	1,323,275	4,819,496	8,758,548	9,984,887	10,295,412	11,527,841	12,340,274
1999	175,384	3,393,312	9,982,601	13,301,974	17,473,598	19,153,593	19,932,572	20,106,055
2000	498,853	1,584,566	6,267,563	9,416,153	10,240,588	12,473,830	12,808,929	12,801,178
2001	425,320	4,048,994	12,082,969	17,864,303	20,345,920	21,298,105	21,573,271	
2002	74,614	1,672,205	8,473,368	18,710,760	22,100,603	24,192,733		
2003	58,924	6,446,257	15,146,934	21,919,768	27,595,882			
2004	271,401	6,332,283	15,842,991	27,160,031				
2005	484,691	5,367,476	20,795,872					
2006	191,060	6,006,454						
2007	423,465							

	6-18	18-30	30-42	42-54	54-66	66-78	78-90+
1993							1.042
1994						1.007	1.124
1995					1.029	1.007	1.016
1996				1.066	1.059	1.002	1.008
1997			1.335	1.097	1.012	1.045	1.043
1998		3.642	1.817	1.140	1.031	1.120	1.070
1999	19.348	2.942	1.333	1.314	1.096	1.041	1.009
2000	3.176	3.955	1.502	1.088	1.218	1.027	0.999
2001	9.520	2.984	1.478	1.139	1.047	1.013	
2002	22.411	5.067	2.208	1.181	1.095		
2003	109.400	2.350	1.447	1.259			
2004	23.332	2.502	1.714				
2005	11.074	3.874					
2006	31.438						

Dollar Weighted

Latest 5	23.896	3.031	1.644	1.204	1.091	1.042	1.025
Latest 7	15.691	3.071	1.613	1.183	1.076	1.034	1.031

Dollar Weighted Ex-Ante One

Latest 5	18.151	2.879	1.563	1.178	1.072	1.045	1.028
Latest 6	14.032	2.888	1.585	1.163	1.071	1.039	1.037

Selected Development Factors

R to R	18.000	3.050	1.640	1.200	1.090	1.040	1.050
R to Ult	128.602	7.145	2.342	1.428	1.190	1.092	1.050

Note (a) Provided by PPIC.

PREFERRED PROFESSIONAL INSURANCE COMPANY

Employed Versus Individual Physicians

Policy Year	Premium	Reported Losses	Loss Ratio	Relativity to Total	Premium Distribution
(1)	(2)	(3)	(4)	(5)	(6)
All Physicians					
1999	\$19,332,100	\$23,221,471	1.201	1.000	100.0%
2000	12,860,867	12,666,970	0.985	1.000	100.0%
2001	18,615,132	23,171,851	1.245	1.000	100.0%
2002	36,142,706	27,953,659	0.773	1.000	100.0%
2003	51,337,793	38,956,123	0.759	1.000	100.0%
2004	66,102,238	45,244,963	0.684	1.000	100.0%
2005	81,594,639	39,580,734	0.485	1.000	100.0%
2006	80,917,384	45,137,506	0.558	1.000	100.0%
Total	\$366,902,859	\$255,933,278	0.698	1.000	100.0%
Employed Physicians					
1999	\$11,675,206	\$9,488,915	0.813	0.677	60.4%
2000	6,371,626	2,643,567	0.415	0.421	49.5%
2001	10,721,485	11,050,645	1.031	0.828	57.6%
2002	17,774,770	10,765,256	0.606	0.783	49.2%
2003	20,332,541	12,994,247	0.639	0.842	39.6%
2004	21,821,364	11,636,019	0.533	0.779	33.0%
2005	27,448,491	6,501,820	0.237	0.488	33.6%
2006	27,924,611	15,109,238	0.541	0.970	34.5%
Total	144,070,093	80,189,708	0.557	0.798	39.3%
Individual Physicians					
1999	\$7,656,894	\$13,732,557	1.793	1.493	39.6%
2000	6,489,241	10,023,402	1.545	1.568	50.5%
2001	7,893,647	12,121,206	1.536	1.234	42.4%
2002	18,367,936	17,188,404	0.936	1.210	50.8%
2003	31,005,252	25,961,876	0.837	1.103	60.4%
2004	44,280,874	33,608,944	0.759	1.109	67.0%
2005	54,146,148	33,078,914	0.611	1.259	66.4%
2006	52,992,773	30,028,268	0.567	1.016	65.5%
Total	\$222,832,766	\$175,743,570	0.789	1.131	60.7%

Notes: (2),(3) Based on PPIC countrywide data.

(4) (3) / (2).

(5) ~~(4) / total (4).~~

(6) (2) / total (2).

**TOWERS
PERRIN**